ChartCaddy Help

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Getting Started

Big Picture System Overview

ChartCaddy is an electronic medical records and billing system that is intended to improve the work flow based on, and drastically reduce the use of, paper forms. It is a web based system that can be used on any device with a relatively modern web browser, including computers, tablets, and smart phones. Because it was designed to be used with a web browser, the user interface for the system is generally familiar, simple, and consistent. Once you understand a few basic concepts you should be able to use most of the system with little trouble.

Documents Overview

The system is document centric which means almost everything you do in ChartCaddy is accomplished by creating or finding the document you are interested in, and then working with that document. You select a document either directly from the main menu, from the search results of a report, or from a list of "child" documents presented within a "parent" document. For example, a "Client" can be associated with several programs, so on the client document there is a list of programs. Some child documents are important just by being listed, while other child documents contain important information which can be viewed and edited by double clicking on them. Such child documents are never listed in the main menu, and you click the "Back" button to get back to the parent document. Some of the larger documents have tabs, and each tab can be saved individually. All documents can be customized per organization, and chart item documents can be customized based on program and service.

Main Menu Overview

The main way to navigate ChartCaddy is the main menu, which is always on the left side of the screen after you log in. The main menu is simply a tree consisting of documents or reports that generate a list of documents. If you select a document from a report then that document is listed "under" the report on the main menu that you searched from. Up to four documents can be listed under an item, and each subsequent document selected of the same type replaces the document that was viewed least recently.

For example, the top level "Charts" menu item is a report where you can search for client charts. When you run a search and select a chart, the name of the client shows up under the "Charts" menu item as another menu item. That menu item is a list of documents related to the client, and if you select one of those documents it is listed under the chart you are viewing on the main menu. Therefore the "Charts" menu item can have two levels of documents underneath it. The fifth chart that you open will replace the chart you viewed the longest time ago on the main menu.

Reports Overview

While the system is document centric, you need to be able to find documents that you are interested in working with. In ChartCaddy the main way to do that is with a report. Most documents come with a dedicated report. A surprisingly important skill to have when you first start out using the system is the ability to distinguish between a report and a document. You can tell that you are viewing a report if the form has a Search button and it has a standard report result. The standard report result is a list of items, and a row of buttons below the list with options like "Select Page" and "Print List".

When viewing a report, to perform a search for documents you enter search criteria in the fields above the Search button, and then click the Search button. For text search criteria you can use the percent sign (%) as a wild card character. Documents that match your search criteria will be listed in between the "Search" and "Select Page" buttons. There is no global document search, by which I mean only documents associated with a report will be returned. In other words, the Payment report only returns a list of Payment documents, and the Client report only returns a list of Clients. To the right of the "Search" button are the "Defaults", "Clear", and "New" buttons. The defaults button clears the search criteria and may set

some search default values. The clear button just clears the search criteria and doesn't set any defaults. A New button may or may not exist, and if it does clicking results in a new document being created. The new document will not show up on the report until it is has been successfully saved once.

Once you have a list of documents, you can select all of them or select none of them with the "Select Page" and "Select None" buttons respectively. You can also select a document by single clicking a document listed. You can select more than one document by holding down the Control key when selecting them. You can select a range of documents by selecting the first document and then holding the Shift key when selecting the last one. Selected documents turn blue. Once selected, you can print or export the list with the "Print List" and "Export List" buttons, or print or export the documents themselves with the "Print Selected" and "Export Selected" buttons. If your search returns more documents than can be displayed, "Next" and "Previous" buttons will appear near the top of the results.

Setup Overview: Setup For Success

Welcome to ChartCaddy's Setup for Success Landing Page!

Chartcaddy support will let you know by email when your database is ready for you to log in and begin setup. Follow each link in the five steps below to read a step-by-step guide on how to get your account ready to be used. These guides are tailored for organizations that intend to bill the Oklahoma Healthcare Authority, but we have indicated which steps can be skipped if that is not the case for your organization. If you have questions please contact customer support at 405-698-3681 or send us an email at support@chartcaddy.com.

Step by Step Guides for Setup

1. Step 1: Organization Information
2. Step 2: Facility Information
3. Step 3: Clients Information
4. Step 4: OKHCA Information (skip if not billing the OKHCA)
5. Step 5: Clearinghouse Information

Success After Setup

If you have questions or want to schedule a training once your initial setup is complete, please contact customer support. In the beginning we expect to provide a lot of training and support so don't be shy about asking for help initially or at any time after. Once you are setup and familiar with the basic operation of the system there are many ways to customize your experience:

1. There are many configuration options that can change how the system looks and acts.
2. The client payments feature can be used to keep track of client payments and create client invoices.
3. The payroll feature can generate gross payroll amounts for your providers.
4. The client outcomes feature allows you to run client outcome reports.
5. The built in electronic signature feature allows clients sign forms online.
6. The Contacts feature can keep track of incoming referrals and generate an online fillable PDF for data entry.
7. If you have an Oklahoma OJA contract you can enable the feature to upload billing information to JOLTS.
8. Several third parties like Square Payments and DocuSign can be linked to the system.
9. Some forms be changed to better support your needs.

Setup Step 1: Organization Information

Please begin by logging in to ChartCaddy with the information sent to you in the email you got from ChartCaddy Support. It will require a code the first time you log in, which will be sent to the email you specified. You can use the "Send Text" button if

needed. If you ever become locked out of your account please give us a call or send us an email as there is no self-service option to unlock it at this time.

Once logged in, please change your password. Password changes can be made by opening your personal information page, which can be found by clicking the Settings main menu option. Enter a new password into the boxes on your information page labeled "Password" and "Password Again", then click save. Passwords must include one letter, one number, and be at least 12 characters long to be valid. It is best to immediately log out and use the new password to log back in to verify the change. Please note, ChartCaddy support staff will never ask or email requesting your password.

On this same page, briefly check all information for accuracy, particularly phone numbers and emails so we can get in touch with you when necessary. In the bottom section of the page, you will need to add a User Class and a User Facility. Make sure to click the Add Button to apply the selected item from the drop down menu. Adding User Permissions is optional. If you will be providing services to clients then you will need to enter User Credentials as well. The User Credentials will require specific information, most of which is standard billing information.

Some helpful tips about credentials specifically:
   1. The Bill Legacy field should be for your OKHCA contract number if you have one, or else it can be ignored.
   2. The Bill Zip field is important for OKHCA payers even though it is marked as not required. Please enter the Zip and +4 associated with your OKHCA account if you have one. Contact OKHCA if you have questions about what your Zip and +4 is.
   3. Bogus numbers can be used if necessary, but please use 0000000006 for the NPI number if a credential doesn't have a real NPI number.

Please enter all staff that will be using ChartCaddy. To do so click the little triangle to the left of the Settings menu option, select the "Users" page, and then click the "New" button listed near the top of the page. Don't forget to give the employee their username ("ShortName") and password when you have finished filling out the information for them. They can change their own passwords by logging in, clicking "Settings" directly, and entering their new password in the Password and Password Again boxes. There is a way to mass import user information from a spreadsheet, and for more information on that please contact support.

Setup Step 2: Facility Information

Underneath Settings, click "Facilities", then double click the line displayed in the middle of this page. Check over the information at the top of your Facility Information Page for accuracy. Please enter any information that is missing in the red fields. If you have more than one physical or logical facility then you can click the New button to add an additional facility.

The next section down is for Programs. The most commonly used programs are listed below, and we can add special programs upon request. Please be sure to click the Add button to apply the selection from the drop down menu.

   1. MH - Mental Health
   2. SA - Substance Abuse
   3. INT - Mental Health/Substance Abuse
   4. BH - Behavioral Health (OKHCA LBHP contracts only)

Skip the section for Facility Logins since we will fill this out for you when we receive the information.

The next section is "Facility Payers", please take your time here as it controls what information we submit during billing. All payers you may want as an option on a client should be entered in this section. Please note, the OKHCA MCO payers appear as "OK Aetna Better Health", "OK Humana", and "OK Complete Health" in the list.

Some helpful tips about what to enter in certain fields on the Payer Information page:

   1. Payer Account is important for OKHCA payers and OKHCA MCO payers, and is where your contract number and letter goes. For all other payers, it does not really matter what you put but most folks put the name of the payer instead.
   2. Bill Zip must include +4 and it must match what the payer has on file.
   3. Bill Submit Type can be set to manual for the time being. We will change it later when you're ready to submit billing.

4. Priority here is up to you because you will have finer control over payer priority on every client regardless of what is entered here.
5. Payer Code and Payer Source are used for some ODMHSAS contracts but can be left blank otherwise.
6. The Dates 01/01/1900 and 12/31/9999 can be left as they are unless you are certain that your contract with a particular payer is going to expire and not be renewed on specific dates.
7. The Service NPI field tells the system which service and rendering NPI to send:
    1. Facility: Facility is contracted with the payer. Send the facility NPI as Service NPI and the provider NPI as the Rendering NPI. **This is the most common option.**
    2. Facility/Supervisor: Send the facility NPI as Service NPI. Send the provider NPI as the Rendering NPI unless the provider is under supervision, in which case send the supervisor's NPI as the Rendering NPI.
    3. Provider: Providers are contracted with the payer. Send the provider NPI as Service NPI and the provider NPI as the Rendering NPI.
    4. Provider/Supervisor: Always send the provider NPI as Service NPI and the provider NPI as the Rendering NPI unless the provider is under supervision, in which case send the supervisor NPI as Service NPI and the supervisor NPI as the Rendering NPI.

Setup Step 3: Clients Information

Manual Entry of Clients

To enter clients manually, please click "Clients" on the left side of the screen, then click the "New" Button. Make sure to always click the "New" button to add a new client, entering another client on the same page will overwrite the existing information. All information in red is required. Once you have successfully saved the information at the top, the bottom section will unlock and allow you to enter the rest of the required information there. In the bottom section, only the "Client Person" section is optional. Some helpful tips about entering clients:

1. The County field functions differently from other text fields. Please type in the state code first ("OK" for Oklahoma), then type in a few characters of the name of the county. A small drop down box will be displayed, and you must click the county. It will not accept fully typed submissions.
2. If you choose Hispanic in the Race List, please also select White. OKHCA does not accept Hispanic as a race because they consider it an Ethnicity.

Importing Client Information

Clients information can also be imported from PICIS, from a spreadsheet, and maybe from your current vendor.

From PICIS

If you have an OKHCA contract and have been submitting client information to PICIS then all the information you have submitted can be imported into ChartCaddy. Please see the "PICIS Staff Login" section in Step 4 and then notify customer support that you would like your data imported.

From a Spreadsheet

First you need to create a spreadsheet with specific headers and information. Then log into the system, go to Settings -> Import, select "Generic Client XLS" for the type, select the file, and click import.

From Other Vendors

Other vendors (such as Milan) may also support data dumps. There is a way to mass import client information from a spreadsheet, and for more information on that please contact support.

Setup Step 4: OKHCA Information

To check eligibility, submit billing, and transmit CDCs/PAs to ODMHSAS and OKHCA we need limited access to your accounts. You should hear back about these things within 1 business day. If you do not hear back by the second business day, it doesn't hurt to send them an additional email asking where the login information is.

OKHCA Clerk Access

We need to be able to upload billing and other files to the OKHCA for you, and this is also very helpful for troubleshooting issues. This step is safe to take at any point in the process. Log into the OKHCA website. Go to Manage Accounts -> Add Registered Clerk: Last name is Solutions -> Code of 30939 -> Save -> Confirm. We need permission for file management, claim inquiry, and eligibility verification. If you need assistance with this section, please contact OKHCA.

ODMHSAS Web Services login

We need to be able to submit CDC and authorization to the ODMHSAS for you, and this also allows us to query some information directly from PICIS. Please note that if you currently use a different vendor then you should not complete this step until you are ready to start using ChartCaddy to submit service plans to ODMHSAS. In PICIS go to Reports -> Other -> Access to PICIS and click the "Generate Report" button. This will result in some information being displayed, at the bottom of which is a URL and a password. Click on that link, enter the password, and you should be able to update the vendor information at the bottom of the page. Then an email needs to be sent to gethelp@odmhsas.org. There is a page attached giving you the information the email requires, titled Vendor Enrollment. It is important to use "Nontrivial Solutions" and not "ChartCaddy" as the vendor.

PICIS Staff Login

This step is useful for troubleshooting issues and importing data from PICIS. This step is safe to take at any point in the process. To grant us access first log into PICIS, go to Reports -> Other -> Access To PICIS -> Generate Report. Copy the code, Click on the link right below it, paste the code, and click Next. Add support@nontrivial.net as a new regular staff member. After that notify customer support that you would like us to import your PICIS data.

OKHCA Vendor Change Notification:

NOTE: Not all clients need to perform this step. Please email us before proceeding with this step.

If you need to notify OKHCA of a vendor change, please use the document attached to this instructional titled EDI Application. This step should be monitored closely as it sometimes get stuck in limbo and you have to call the OKHCA EDI help desk to inquire about it. The information it asks for is detailed below.

1. Section I - Vendor Change (Or New Vendor if that is an option); Billing Group Name: your organization name; NPI: your group NPI; EDI Batch Contact: James Bearden, 405 698 3702, 405 698 3708, support@nontrivial.net; Provider #: your group contract number. All other information in this section is your information.
2. Section II - Transactions: 837 Professional, 270/271, 276/277, 835; Request: Enable 835;
3. Section III - Software Vendor is Nontrivial Solutions, Contact Info: same as above. Fill out part A and leave part B blank.

Setup Step 5: Clearinghouse Information

In general you need to pick one clearinghouse to use at a time, although Office Ally is always used as the clearinghouse for some payers.

AdminisTEP

The default clearinghouse used by the system is AdminisTEP because they offer a limited free option. While it will get the job done most of the time, you pretty much get what you pay for.

Availity

Most organizations billing the OKHCA use Availity for their clearinghouse. After creating an Availity account send us the Customer ID, SFTP Username, and SFTP Password. This is required in order to submit claims to Managed Care OKHCA, which has replaced about 85 percent of "Medicaid".

1. Go to https://www.availity.com and sign up for a free account. If you already have one you can use it instead. In the future if they require you to upgrade your EDI clearinhhouse account in order to bill the some payers, but for now the free account should be fine.
2. Click on "Manage My Organization" and note what your Customer ID is.
3. Click on "FTP and EDI Connection Services" and set up an FTP Mailbox. You might have to reset your password if you don't remember it.
4. Click on "EDI Reporting Preferences" and under the claims tab deselect anything that is text/human readable and select anything with a number in the name. See attached screenshots for more details.
5. Email us your Customer ID, FTP username, and FTP password. It may take us a business day to set it up for you.

Office Ally

The general consensus seems to be that Office Ally is better than Availity but more expensive. By default Office Ally is used instead of Availity to submit billing for special payers that are free to bill there but not on Availity using the system's account, even if you have Availity set up as your clearinghouse. You can either use Office Ally as your clearinghouse for all payers or use your Office Ally account instead of the system's account for just those special payers. The main advantage of using your own account is you are able to view those claims there once they are uploaded. To use your own Office Ally account just send us your SFTP Username and SFTP Password and tell us if you want to use it for all payers or just the special payers.

Support Overview (Read This First)

Contact Us

The best way to get support is by email (support@chartcaddy.com) or by phone (405-698-3681). Phone support is available during standard business hours of Monday through Friday, 8AM to 5PM Central Time except for nationally recognized holidays. Email will be answered as quickly as possible during standard business hours and may also be answered outside of normal support hours. Internally we us trouble tickets to keep track of issues, and if you want you can also create a trouble ticket directly.

Help Content

This help content is available:

1. As individual pages online at https://help.nontrivial.net/portal/kb/nontrivial-solutions/chartcaddy
2. As a single PDF document at https://www.chartcaddy.com/static/chartcaddy-help.pdf
3. When logged into ChartCaddy under the top level **Help** main menu option

Training Login

Normally to log into and use the system you open up a web browser and go to https://www.chartcaddy.com. However, there is a training login available at https://beta.chartcaddy.com for when you want to experiment or just play with the system. The

training system is separate and distinct from the regular system, and the data in the training system gets over written with a copy of the regular system every Thursday morning. This means that after an account for you is added to the system you may not be able to log into the training login until the following Thursday.

Main Menu - Calendar

Acuity Scheduling

Overview

Acuity Scheduling is a third party website that provides robust, HIPAA compliant scheduling with many features at a reasonable cost and with good customer support. ChartCaddy is able to tightly integrate with Acuity Scheduling. To enable the integration and provide the HIPAA compliance, the "Powerhouse" level of Acuity Scheduling subscription is required which costs $49 per month for an annual subscription. This level of subscription supports up to 36 providers, and if you have more providers than that then you need to contact Acuity directly about pricing. Some of the features that Acuity offers are:

1. Industrial strength, HIPAA compliant appointment scheduling
2. Client appointment reminders via text
3. Client appointment reminders via email
4. Client self scheduling, including group sessions
5. Client payments with PayPal, Square, or Stripe
6. Embeded scheduling widget for your website
7. Easily initiated video conferences with clients
8. Save credit card details for future sessions
9. Android, Apple, and web applications
10. Optionally require clients to fill out a form before a session
11. Optionally require clients to pay before a session

Acuity Integration Notes

The Acuity integration with ChartCaddy is good but there are some things to keep in mind:

1. On Acuity there are users and calendars, and first you add a calendar and then you link one or more users to that calendar. ChartCaddy assumes that each Acuity calendar corresponds to a ChartCaddy user, and while not every ChartCaddy user has to be associated with an Acuity calendar, every Acuity calendar needs to be associated with exactly one ChartCaddy user. ChartCaddy initially maps calendars to users by name, but the name of the Calendar can be changed once the map is successful. This means that you MUST NOT "recycle" calendars on Acuity, or in other words, if a calendar is no longer desired on Acuity you should delete it and NOT rename it to be for another user. Acuity does not provide a way for ChartCaddy to update the calendar details, so if the name of the user changes in ChartCaddy then the name of the Acuity calendar must be updated manually.
2. When setting up your Acuity account the most import thing to get right is what Acuity calls "Appointment Types". Basically ChartCaddy looks at the Acuity appointment type names for certain key words and then tries its best to map them to services in ChartCaddy. Currently valid key words are: Assessment, Case Management, Counseling, Crisis, Family With, Family Without, Intake, Interactive, Plan, Rehab, Screening, Skills, and Testing. You don't need to add an appointment type for each keyword, but each appointment type must contain a keyword for it to be mapped. "Contact" can be used instead of "Intake". "Couple" can be used instead of "Family". "Session" or "Therapy" can be used instead of "Counseling". If the appointment type has the "Family" or "Couple" keyword then it must also have either "With" or "Without" in the name as well. The "Telemedicine" keyword can also be used to limit the mapping, but you either need telemedicine versions of all appointment types or no telemedicine appointment types.
3. Appointment types are either for an individual or for a class, and if you designate an appointment type as a class then it maps to a group service in ChartCaddy. Acuity class appointment types only make sense for Counseling and Rehab.
4. Another important thing to know about Acuity appointment types is how the duration works. A specific duration is tied to an appointment type and it can not be changed. In other words if you specify a duration of 30 minutes for an Acuity appointment type then those type of appointments will always appear as 30 minutes on Acuity and you can not change it. You may want to set up similar appointment types that have different durations. You can change the duration in ChartCaddy, which is not reflected on Acuity, and this is one of the rare cases where a change you make in one system is not instantly made in the other system. You can think of the Acuity duration as the expected duration and the ChartCaddy duration as how long a session actually lasted. In Acuity you can add time padding for an appointment type and, for example a 60 minute services, we recommend that you set it up as a 55 minute appointment with 5 minutes of padding at the end. This is because ChartCaddy does not allow services to overlap by

even a minute, so if you set up appointments for the full 60 minutes then back to back appointments would cause both items to be flagged as rejected in ChartCaddy.

5. If a client does not exist or the appointment type name has the "Intake" keyword, then a Contact (incoming referral) is created instead of a chart item in ChartCaddy. Therefore new clients should only be scheduled for Intake appointments until the Contact is finalized in ChartCaddy and they exist as a client. You might want to make all appointment types private in Acuity except an Intake appointment type, although that would prevent clients self scheduling most appointment types.

6. Once you have your appointment type set up you need to go back to each calendar and select which appointment types should be available for that calendar.

7. Acuity clients are mapped using their first name, last name, and phone number ONLY. This is a good but not great way to do it, but unfortunately it is the only option with Acuity. By default Acuity does not require a client phone number so it is highly recommended that you set that option to require clients to enter a phone number.

8. One potential deal breaker for some organizations is that every user on Acuity can see the name and contact information of every client on Acuity. This is an Acuity limitation and there is no way to change it, but at least users can only see client appointments for calendars they are linked to.

9. Only Draft chart items can be edited in ChartCaddy, so only Draft chart items are synchronized with Acuity. In other words, once you complete a chart item in ChartCaddy it will not be updated with any changes from Acuity. All future chart items in must be Draft, which ChartCaddy enforces.

10. The equivalent of canceling an appointment on Acuity is to change the service of a chart item to "For Information Only" or "Encounter Canceled". However unlike Acuity, in ChartCaddy the service can be changed back. Therefore when using Acuity, if you cancel an appointment, you can uncancel it in ChartCaddy but that change is not reflected back in Acuity. Flagging a chart item as deleted in ChartCaddy also cancels the appointment on Acuity.

11. In addition to setting available hours, Acuity also provides "Block Off" times for events like vacation and doctor appointments. Unfortunately Acuity only allows limited ability to synchronize them, so even though ChartCaddy synchronizes Acuity block off times to events there are restrictions with editing these linked events in ChartCaddy. All Acuity recurring events must be edited on Acuity. Adding events in ChartCaddy will add a block off time on Acuity, and setting an event IsActive or IsBlocking to No will delete the linked block off time on Acuity. To make some changes to linked events you need to set IsActive or IsBlocking to No, make your changes, and then set IsActive and IsBlocking back to Yes. Changes to block off times made on Acuity occur overnight in ChartCaddy.

12. Currently the Acuity features locations, add-ons, certificates, and orders are not supported and are ignored by the synchronization process. However if you would like them to be supported please contact us about it. We also plan on supporting synchronizing form data with Acuity in the future, but to best accomplish that we need to work with a customer generating real Acuity data. If you are interested in being that customers please let us know.

13. Acuity can be set up with PayPal, Square, or Stripe to process client payments. It looks like Square is best supported (and a card reader is available), but more information on that is available here.

14. Acuity is not set up for HIPAA compliance by default. You must follow the steps in this article to make Acuity HIPAA compliant. Some of this process involves setting an option and signing a BAA, but it also involves either disabling notifications or updating them to not include client information. Finally, certain features such as synchronizing your calendar with your phone are disabled.

15. After adding or updating appointment types or calendars on Acuity you need to select "Acuity Scheduling" and click the "Process" button on the Organization page in ChartCaddy for those changes to be picked up immediately. Only appointment and client information is synchronized immediately while other information is synchronized over night or when the "Process" button is clicked.

Acuity Integration Setup

1. First go to https://www.acuityscheduling.com/ and sign up for an account. You must sign up for the "Powerhouse" level account. Acuity has a setup wizard that walks you through setting up what is needed, and in general work your way through that wizard. Acuity has a helpful guide for getting started.

2. Initially set up at least one calendar. An Acuity calendar must correspond to a single ChartCaddy user, and at least initially the name of the Acuity calendar must match the name of the user in ChartCaddy. Once the calendar is successfully associated, if desired the name of the Acuity calendar can be changed. If at some point you no longer need an Acuity calendar it is important to delete it rather than rename it to be used for another ChartCaddy user.

3. Initially set up at least one appointment type. This is a crucial step, and you might want to just set up one or two appointment types and play with Acuity before setting up the rest of them. The three most important things to remember are A) the name of the appointment must contain a keyword that ChartCaddy recognizes, B) add a few minutes of padding for the duration (for example a 55 minute duration with 5 minutes of padding at the end), and C)

classes in Acuity map to group sessions in ChartCaddy. The duration for individual appointments on Acuity can not be changed and are locked to whatever you set for the appointment type.

4. It is your choice to use Square, Stripe, Paypal, or no payment processing. If you want to use payment processing but aren't sure it seems as though Square is best supported by Acuity. More information on that is available here.

5. Go over the various options under Customize Appearance -> Scheduling Page Options and pick the settings that seem to be the best fit for you. It is highly recommended that you require phone numbers to be entered for each client and hide the "any available" calendar option.

6. It is absolutely mission critical that you go through the steps to make Acuity HIPAA compliant. These steps include signing a BAA. You must follow the steps in this article to make Acuity HIPAA compliant. The syncing process synchronizes client information so it is important to complete this step before you link ChartCaddy to your Acuity account.

7. At this point you should have completed all the Acuity setup wizard and HIPAA compliance steps. To link ChartCaddy to your Acuity account, log into ChartCaddy, go to Settings -> Organization, and click the "Process Acuity" button. If an error occurs then try to resolve the issue and then click the button to try again. If you have any issues, problems, or questions about the process please contact customer support.

More On Appointment Types

All the appointment types you add on Acuity have to be mapped correctly or else the synchronization process does not work. We seem to be having the most problems with this, so here are a list of example appointment type names that you can just copy and paste. However, you can customize this list a bit and for example use "therapy" or "session" instead of "counseling" and "contact" instead of "intake".

1. New Client Intake
2. Assessment
3. Screening
4. Service Plan
5. Family Counseling With Client
6. Family Counseling Without Client
7. Group Counseling
8. Individual Counseling
9. Interactive Counseling

Calendar

The calendar is where you can view chart items, group sessions, and generic events in a daily, weekly, or monthly calendar view. Chart items and group sessions appear on the chart automatically when services are documented. Generic events are intended to be used for events not directly related to clients, such as vacations, dental appointments, or organization meetings. Click on a calendar item to view and/or edit it. Click on an empty space to schedule a new event for that date and time. The calendar is an excellent way to determine which items are overlapping per provider, as the overlapping items will appear side by side.

Venues can be used to schedule venues in advance and are administered under Settings -> Organization -> Venues. However for this to be useful the Venue field needs to be added to your encounter forms first. In addition to the Venue field, if your encounter form has a NextApptDT field and have the option enabled, then if you enter a date and time into that field a future encounter will be created that appears on the calendar.

Calendar

2024	Sat, Nov 16	Sun, Nov 17	Mon, Nov 18	Tue, Nov 19	Wed, Nov 20	Thu, Nov 21	Fri, Nov 22
7 am							
8 am							
9 am							
10 am							
11 am							
noon							
1 pm							
2 pm							
3 pm							
4 pm							
5 pm							
6 pm							

View Date: 11/18/2024 CST   **Contact:** Armstrong, Lauren ▼   **Venue:** ▼

View Type: Week ▼   Update   Print   View Acuity

Main Menu - Charts

Charts

A chart is simply a list of client related documents, or "Chart Items". Examples of chart items are assessments, service plans, encounters, and discharge summaries. Files related to clients can also be uploaded and listed like any other chart item in the chart. All the clinical information for a client is available in the chart, and ONLY available under the chart menu item or chart item report. Therefore users of the system that should not have access to any clinical information should not be given access to the Charts menu item or Chart Item report.

Main Menu - Clients

Clients

A client is where basic information like name, address, payer, and other information is stored for a client. The Clients main menu option is a report to search for clients.

Client Search

Client Search Criteria

Client:	0	Warning:	[▾]	Is Active:	Yes ▾
First Name:		Middle Name:		Last Name:	
Maiden Name:		Suffix:	[▾]	Alt ID:	
Validation:	[▾]	Lead Provider:	[▾]	Gender:	[▾]
Contact Name:		Phone:		Email:	
Guardian Name:		Guardian Relation:		County:	
Addr1:				City:	
Addr2:				State:	[▾]
Zip:		SSN:		Due Amount:	
Birth Date Start:		Birth Date Stop:		Bill Type:	[▾]
Admit Date Start:		Admit Date Stop:		Facility:	[▾]
Discharge Date Start:		Discharge Date Stop:		User:	[▾]
Comments:				Payment Info:	

Race List: ☐ American Indian ☐ Asian ☐ Black ☐ Hispanic ☐ Pacific Islander ☐ White

Client Flag List: ☐ Is Generic ☐ Submit HIE

Alert List: ☐ Acquired Brain Injury ☐ Autism ☐ Deceased ☐ Dementia ☐ Diagnosis - DD ☐ Diagnosis - DD/MH ☐ Diagnosis - DD/SA
☐ Diagnosis - MH ☐ Diagnosis - MH/SA ☐ Diagnosis - SA ☐ Employment ☐ Hearing Impairment ☐ HIV/AIDS ☐ Homeless
☐ New Immigrant ☐ Other Addiction ☐ Physical Disability ☐ Safety Plan ☐ Student ☐ US Citizen ☐ Veteran
☐ Visual Impairment ☐ Other [   ]

[Search] [Defaults] [Clear] [New] [Charts]

Client Search Results

No Results Found

Client	FirstName	MiddleName	LastName	Suffix	AltID	LeadProvider	IsActive	Warning	PlanExpDate	DischargeDate	DueAmount

[Select Page] [Select None] [Print Selected] [Export Selected] [Print List] [Export List] [View PriorAuths]

11/18/2024 CST [Post Selected] [▾] [Print Verification] [Export Basic]

[🔴] [Offline Selected]

Export Charts

Export Type:	PDF Without Files ▾	Export Start Date:	01/01/1900 UTC	Export Stop Date:	11/19/2024 CST

Export Exclude: ☐ Assessment ☐ Consult ☐ Discharge ☐ Encounter ☐ For Info Only ☐ Legal ☐ Miscellaneous
☐ Referral ☐ Screening ☐ Service Plan ☐ Testing

[Export Charts]

Main Menu - Client Groups

Client Groups

Client Groups (abbreviated as "Clt Groups" on the main menu) are intended to make managing group sessions easy. Client Groups are a container for group sessions, and an example would be "Tuesdays 1PM Awesome Group". Once all the clients in a group have been added, to create encounters for each client that attended a session you just select the clients that attended and click "New Session". Alternatively you can always select all the clients to create encounters, and then use the Change Service button on each encounter for clients that did not attend. Past group sessions are listed under a client group so they can be revisited later, so you for can example print a log of clients there were in that group session.

The first step is to set up one or more client groups which is not much more than a description and a list of clients. **Before a client can be added to a client group you must be able to write a group encounter for that client.** You can add a new encounter to an existing group session later by selecting a client and then clicking the Add button on the Group Session.

How To: Adding a Client Group
How to: Adding a Group Session to a Client Group

Clt Grp Search

Clt Grp Search Criteria

Clt Grp: 0   Is Active: Yes   Facility:

Contact: Long Name:

[Search] [Defaults] [Clear] [New]

Clt Grp Search Results

Found 3 Results

CltGrp	IsActive	Facility	Contact	LongName
1001	Yes	NONTRIVIAL	Armstrong, Lauren	Test One
1004	Yes	NONTRIVIAL	Provider, Polly	Tuesdays 1PM
1005	Yes	NONTRIVIAL	Provider, Polly	Wednesdays 3PM

[Select Page] [Select None] [Print Selected] [Export Selected] [Print List] [Export List]

Main Menu - Contacts

Contacts

A ChartCaddy Contact is essentially an incoming referral and contains all the information necessary to add a client to the system and has different statuses like a Chart Item to help facilitate whatever process an organization has for an incoming referral. Common milestones for incoming clients are payer information verified, a provider assigned, and intake paperwork completed. A section on the Dashboard denotes how many Contacts have which status. There is no way to delete a Contact, but a contact can be set as not active, and inactive Contacts are effectively invisible. Before a Contact can be set to Final either the top (admit) or bottom (external referral) part of the administrative section must be filled out to signify if the prospective client is being admitted or externally referred. If the client is being admitted then a Client record is automatically created when the Contact is set to Final. There are several additional options available to add Contacts to the system by non-users. There is a public webpage available where anybody can enter a Contact. In addition administrators can create public and private (password protected) fillable PDF documents that submit new Contacts to ChartCaddy.

Contact Search

Contact Search Criteria

Field	Value	Field	Value	Field	Value
Contact:	0	Facility:		Status:	Draft
Completed DT Start:		Completed DT Stop:		Is Active:	Yes
Contact Source:				First Name:	
Middle Name:		Last Name:		Maiden Name:	
Suffix:		Alt ID:			
Addr1:				City:	
Addr2:				State:	
Zip:		SSN:		Birth Date Start:	
Birth Date Stop:		Race List:	American Indian ☐ Asian ☐ Black ☐ Hispanic ☐ Pacific Islander ☐ White ☐		
County:		Gender:		Guardian Name:	
Email:		Home Phone:		Work Phone:	
Cell Phone:		Age:	0	School Type:	
School Name:		Contact Type:		Ref NPI1:	
Ref Type1:		Case Type:		Case Number:	
Case Worker:		Num Placements:		Cur Placement:	
Is Court Order:		Family Members:			
Setting Req:		Provider Req:		Client:	

Program Req List: ☐ Mental Health ☐ Mental Health/Substance Abuse ☐ Substance Abuse

Service Req List: ☐ Case Management ☐ Drug/Alcohol Counseling ☐ Family Counseling ☐ First Offender Program ☐ Group Therapy ☐ Individual Therapy ☐ Marital Counseling ☐ Medication Management ☐ Parenting Education ☐ Psycho-Social Rehabilitation ☐ Psychological Testing ☐ Other

Field	Value	Field	Value	Field	Value
Comments:					
Pri Payer:		Pri Account ID:		Pri Group ID:	
Sec Account ID:		Sec Group ID:		Sec Payer:	
Sessions Per Year:	0	Lead Provider:			
First Appt DT Start:		First Appt DT Stop:			

Service List: ☐ Case Management ☐ Drug/Alcohol Counseling ☐ Family Counseling ☐ First Offender Program ☐ Group Therapy ☐ Individual Therapy ☐ Marital Counseling ☐ Medication Management ☐ Parenting Education ☐ Psycho-Social Rehabilitation ☐ Psychological Testing ☐ Other

Field	Value	Field	Value	Field	Value
Ext Ref DT Start:		Ext Ref DT Stop:		Ext Ref Agency:	
Ext Ref Reason:					

[Search] [Defaults] [Clear] [New] [Offline Public] [Offline Private]

Contact Search Results

Found 6 Results

Contact	Facility	Status	CompletedDT	FirstName	MiddleName	LastName	MaidenName
1002	NONTRIVIAL	Draft	09/16/2018 08:29 AM CDT	joseph	j	smith	
1004	NONTRIVIAL	Draft	03/30/2020 12:00 PM CDT	NotBethany		CarlisleAnymore	
1005	NONTRIVIAL	Draft	03/30/2020 11:00 AM CDT	Garth		Brooks	
1007	NONTRIVIAL	Draft	01/19/2021 11:00 AM CST	John		Public	
1008	NONTRIVIAL	Draft	07/06/2023 01:06 PM CDT	Charlie		Charles	
1009	NONTRIVIAL	Draft	11/08/2024 04:03 PM CST	Mocha	Peppermint	Frappuccino	Mocha Peppermint Latte

[Select Page] [Select None] [Print Selected] [Export Selected] [Print List] [Export List]

[▾] [Set Status]

Main Menu - Messages

Messages

Messages allow a user to send messages to other users in the organization in a secure manner. Messages can have up to 20 recipients and can have attachments. Users may also receive messages from the system.

Message Search

Message Search Criteria

Message: 0   Posted DT Start: [   ]   Posted DT Stop: [   ]

Short Name: [   ]

[Search] [Defaults] [Clear] [New]

Message Search Results

Found 2 Results

Message	Unread	PostedDT	ShortName
1005	Yes	11/16/2024 06:18 AM UTC	system, larmstrong
1001	No	08/31/2021 12:17 PM CDT	larmstrong, james

◄ ▬▬▬▬▬▬▬▬▬▬▬▬▬▬▬▬▬▬▬▬ ►

[Select Page] [Select None] [Print Selected] [Export Selected] [Print List] [Export List] [Delete Selected]

Main Menu - Organization Files

Organization Files

Organization files (abbreviated as "Org Files" on the main menu) such as policies and procedures can be uploaded here and stored. Some organizations use this feature to upload intake packets for new clients to the office.

Org File Search

Org File Search Criteria

Org File: 0	Is Active: Yes	Status:
File Name:	Class:	Contact:
Completed DT Start:	Completed DT Stop:	Long Name:

Search Defaults Clear New

Org File Search Results

No Results Found

OrgFile   IsActive   Status   Class   Contact   CompletedDT   FileName   LongName

Select Page Select None Print Selected Export Selected Print List Export List

Set Status

Main Menu - Payments

Payments

The Payments feature is a way to track all client payments. Payments are part of the <u>client invoice</u> feature that is disabled by default. When enabled the Payments main menu option is mostly used to report on client payments. You can also add Payments here, but normally Payments are added from the chart item so that the money is automatically applied to that chart item. More information on <u>adding Payments</u> is available.

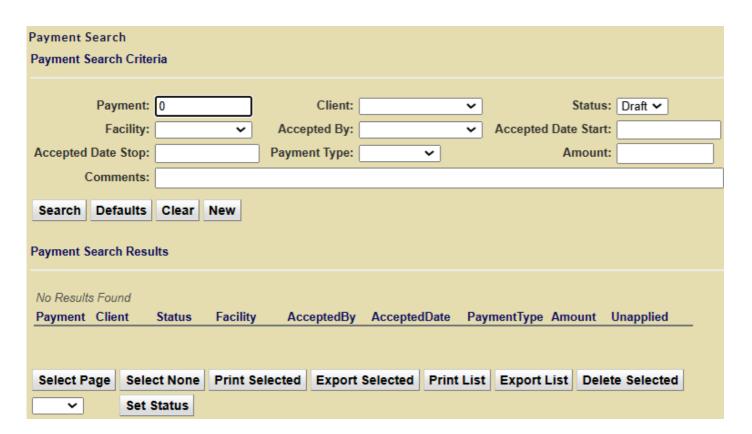A Payment initially has a status of Draft, but once all the money has been allocated to one or more chart items the status automatically changes to Final. Administrators can take the status back to Draft if they need to reallocate the payment. To reallocate you first have to zero out any allocation that exists, and then allocate money to the other chart item. You can only allocate money to chart items that aren't Final yet from the Payment, so if you need to allocate money to a Final chart item you need to do that from the chart item. Only Final Payments will be included on invoices.

When creating the Payment and allocating money you have to select a type and an amount. The types are:

1. Copay - Client copay amount for private payers.
2. Deductible - Client deductible amount for private payers.
3. Payment - Client payment amount for SELF PAY services.
4. Refund - When refunding money to the client.

Payment Search

Payment Search Criteria

Payment: `0`	Client: [dropdown]	Status: `Draft`
Facility: [dropdown]	Accepted By: [dropdown]	Accepted Date Start: [ ]
Accepted Date Stop: [ ]	Payment Type: [dropdown]	Amount: [ ]
Comments: [ ]		

[Search] [Defaults] [Clear] [New]

Payment Search Results

No Results Found

Payment	Client	Status	Facility	AcceptedBy	AcceptedDate	PaymentType	Amount	Unapplied

[Select Page] [Select None] [Print Selected] [Export Selected] [Print List] [Export List] [Delete Selected]

[dropdown] [Set Status]

Main Menu - Reports

Chart Items

When you are looking for chart items for more than one client or want to make a mass update to chart items for more than one client, you need to use the chart item report. From the chart item report you can easily search for chart items using various criteria, as well as update the status, set or unset a flag, set or unset a comment, or sign multiple chart items at once.

Chart Items Billed

The Chart Items Billed report is similar to the Chart Items report except that the results contain some billing information. Namely, it contains the payer billed, the amount billed, the amount paid, and what payrolls if any the claim item is on.

Chart Items Summary

The Chart Items Summary report is similar to the Chart Items report except that the results can be grouped in various combinations. This report is useful for getting a overview of many chart items.

Client Outcomes

The Client Outcomes report lists the data that client outcomes are based on, not actual client outcomes. For actual client outcomes use the Client Outcomes Summary report. The Client Outcomes Summary report first finds all the items to consider based on the search criteria. Then it goes through all those items and for each client picks out the first and last items. Finally it averages the difference between the first and last items for all the clients, and that is the information it is giving you. In other words the FirstVal is the average of the first values of that criteria for all the clients, and the LastVal is the average of the last values for that criteria for all the clients. You can double click on the lines at the bottom to dig deeper into what items it is pulling from. The "Last Event" field is also special in that it limits what the last item is. For example, if you select "Discharge Summary" for the Last Event, then it ignores any clients that don't have a Discharge Item as the latest item in their chart. That is useful to see how you did overall for all discharged clients.

The process for generating client outcomes is based on capturing the data your organization wants to base client outcomes on, and that is accomplished in different ways based on what kind of data is needed. By default data is pulled from treatment plans and discharge summaries, and consists mainly of various scores like ACE, CAR, and CATS. Capturing outcome data entails some overhead, so it is disabled by default.

Client Payers

The Client Payers report allows you to search for, list, and view client payer information. Specifically this report allows you to look up clients by payer and/or client payer ID.
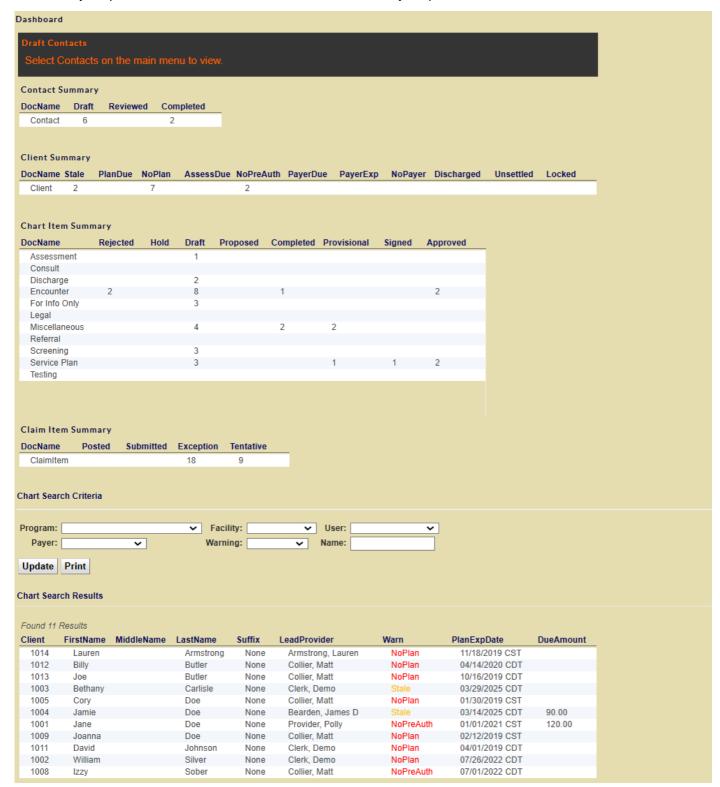
Client Services

The Client Services report is like the Chart Items report except that the results include some demographic information. This allows you to cross reference services performed with client demographics and for example allow you to break down services performed by county, gender, or age group.

Dashboard

The Dashboard report is the first page that is displayed when you log in, and is always available by selecting the Reports main menu item. The dashboard is a report that looks and works different than most other reports. It is made up of four sections if you are not a clerk or administrator, with a claim item summary section added if you are. Except for the Chart Search, all the sections give you a summary of items that are not final or have some other issue. Only numbers of items are displayed, but if you double click on a particular number you are taken to a more detailed report. The less that shows up in your dashboard summary sections the better.

The Contact Summary section shows all contacts that are not final, and if you don't deal with contacts very much then you can mostly ignore this section. The Client Summary section shows the clients that you have access to that have issues or potential issues. In general, from left to right the issue gets progressively worse. The Chart Item Summary section shows all the chart items that you have access to that are not final. Similarly, the Claim Item Summary section (if you have one) shows all claim items that are not final.

The Chart Search section at the bottom shows all the clients that you have access to, and if you double click on an item you open that client's chart. You can narrow down what clients are listed by entering search criteria and clicking the Search button. When searching by client name you can use the percent sign as a wild card character.

Dashboard

Contact Summary

DocName	Draft	Reviewed	Completed
Contact	6		2

Client Summary

DocName	Stale	PlanDue	NoPlan	AssessDue	NoPreAuth	PayerDue	PayerExp	NoPayer	Discharged	Unsettled	Locked
Client	2		7		2						

Chart Item Summary

DocName	Rejected	Hold	Draft	Proposed	Completed	Provisional	Signed	Approved
Assessment			1					
Consult								
Discharge			2					
Encounter	2		8		1			2
For Info Only			3					
Legal								
Miscellaneous			4		2	2		
Referral								
Screening			3					
Service Plan			3			1	1	2
Testing								

Claim Item Summary

DocName	Posted	Submitted	Exception	Tentative
ClaimItem			18	9

Chart Search Criteria

Program: [▼]   Facility: [▼]   User: [▼]
Payer: [▼]   Warning: [▼]   Name: [   ]

[Update] [Print]

Chart Search Results

Found 11 Results

Client	FirstName	MiddleName	LastName	Suffix	LeadProvider	Warn	PlanExpDate	DueAmount
1014	Lauren		Armstrong	None	Armstrong, Lauren	NoPlan	11/18/2019 CST	
1012	Billy		Butler	None	Collier, Matt	NoPlan	04/14/2020 CDT	
1013	Joe		Butler	None	Collier, Matt	NoPlan	10/16/2019 CDT	
1003	Bethany		Carlisle	None	Clerk, Demo	Stale	03/29/2025 CDT	
1005	Cory		Doe	None	Collier, Matt	NoPlan	01/30/2019 CST	
1004	Jamie		Doe	None	Bearden, James D	Stale	03/14/2025 CDT	90.00
1001	Jane		Doe	None	Provider, Polly	NoPreAuth	01/01/2021 CST	120.00
1009	Joanna		Doe	None	Collier, Matt	NoPlan	02/12/2019 CST	
1011	David		Johnson	None	Clerk, Demo	NoPlan	04/01/2019 CDT	
1002	William		Silver	None	Clerk, Demo	NoPlan	07/26/2022 CDT	
1008	Izzy		Sober	None	Collier, Matt	NoPreAuth	07/01/2022 CDT	

Events

The Events report allows to search exclusively for calendar events. Normally you would view events on the Calendar because on the calendar all three types of events (Chart Items, Group Sessions, and Events) show up. Only events show up on the Event report, and you need to use the Client Groups main menu option or Chart Items report to view group sessions or chart items respectively.

Invoices

The Invoices report lists client invoices. The client invoices feature is optional and is disabled by default. To enable it please contact customer support. Once enabled the following new functionality is available:

1. A new main menu option called <u>Payments</u> appears. This is mostly an administrative report to view client payment entries, but you can also add new client payment entries here. When you view existing Draft payments you can apply part or all of the payment to one or more chart items. Once all the payment has been applied the status of the payment changes to Final.
2. A new "Client Payment Information" section appears at the bottom of chart items that lists any payments that have been applied. You can also add new payments and apply any payments with unapplied money to the chart item.
3. If a payment is applied to a chart item before it is finalized, then an appropriate copay, deductible, or payment result is automatically added to the resulting claim item when it is created.
4. Additional validation checks occur when adding claim item results to claim items. This ensure that client payments entered match the claim item results entered.
5. The client Due Amount field will be updated whenever a service is performed or a payment is added. A positive client Due Amount means the client owes money and can be invoiced, while a negative amount means the client has a credit.

For the client invoice feature to work all client payments must be entered into the system and applied to chart items correctly. This adds extra administrative overhead when using the system which is why it is disabled by default. When enabled client invoices work in a similar fashion as the user payroll feature, in that events eligible for the next invoice accumulate until an administrator posts an invoice for the client. When posting a client invoice a date must be specified that will limit invoice events before that date. Client invoices can be posted in two ways:

1. At the top of the client chart there is Post Invoice button that will post a client invoice for all events.
2. Under both the Chart and Client main menu options you can select multiple clients, enter a post date, and then click the Post Selected button.

When posting invoices by default the recipient is the client. If the client is, for example, a minor and the parent will be paying for the service then the parent should be added as a Client Person on the client's information page. In addition on the same page the client's Bill Person should be set to the person paying for services.

If your ChartCaddy account is integrated with Square then clicking the Submit button on an invoice will upload the invoice to Square. In addition any payments made on Square will be downloaded to ChartCaddy. To integrate your account with Square go to Settings -> Organization and click the Process Square button.

Payroll Items

The Payroll Items report allows you perform a search of all the items that have shown up on Payrolls. Since when a Claim Item has been rebilled, especially if it has been rebilled several times, it can be difficult to verify that everything has been accounted for as intended. This report is most useful for seeing the complete payroll history for a particular item.

Payrolls

An itemized list of items can be created by clerks and administrators intended to be a time sheet for providers. This itemized list is called a Payroll in ChartCaddy, and the Payroll report is what you use to search for them. Once you find a payroll you are interested and open it, the items that make up the payroll are listed. The payroll system keeps track of historical items and adjustments. For example, if on one payroll an item shows up and then the item details are later adjusted, the adjustment will be reflected on the next payroll. While Chart Items show up on payrolls the payroll system is driven by Claim Items. Therefore only billable items will show up on payrolls.

Adjusting Payrolls

In addition clerks and administrators have the ability to manually adjust both individual payroll lines and entire payrolls. To adjust individual items, when viewing a payroll first select all the items for which you want to make the same adjustment. Then enter an amount and a comment at the bottom, and finally click the Adjust Selected button.

Clerks and administrators can add one adjustment for the entire payroll. To do that, when viewing a payroll first enter an amount and a comment at the bottom and then click the Adjust Payroll button. All adjustments not due to an item on the payroll must be contained in this one adjustment, and can be update later using the same process.

Basic Payroll Setup

The amounts calculated for payrolls are determined by Payroll Types under the Setting main menu option. If several providers are paid the same way then one Payroll Type is created and then assigned to those providers on their user information pages. The major Payroll Type parameters are:

1. **Is Active**: Whether or not the payroll type can be assigned to new users.
2. **Short Name**: A short descriptive name to identify the payroll type.
3. **Trigger Type**: The claim status that triggers the item to be eligible to be posted on the user's next payroll. Usually set to Final.
4. **Expires Type**: Which date matters for the cut off date when posting payroll. Item Date is when the service was performed and Trigger Date is when the Claim Item became eligible to be posted. Usually set to Trigger Date.
5. **Total Type**: Method by which the total payroll amount is calculated:
    1. *Amounts - Simple*: Amount paid, no percentage applied.
    2. *Hours - Graduated*: Sliding scale based on hours billed.
    3. *Hours - Service Family*: Different rates based on the type of service and hours billed.
    4. *Hours - Simple*: Hours billed.
    5. *Percentage - Graduated*: Sliding scaled based on amount paid.
    6. *Percentage - Simple*: Amount paid.
    7. *Units - Detailed*: Different rates based on billing code and modifiers.
    8. *Units - Simple*: Units billed.
6. **Total Params**: Parameters to further specify how the total payroll amount is calculates:
    1. *Amounts - Simple*: Not used.
    2. *Hours - Graduated*: Coded string to define sliding scale parameters.
    3. *Hours - Service Family*: Not Used.
    4. *Hours - Simple*: Percentage applied.
    5. *Percentage - Graduated*: Coded string to define sliding scale parameters.
    6. *Percentage - Simple*: Percentage applied.
    7. *Units - Detailed*: Not Used.
    8. *Units - Simple*: Percentage applied.

Payroll Type Options

When setting up Payroll Types you can also define some additional options:

1. *Client Referral Bonus*: Add a bonus if the provider originally referred the client.
2. *Generic Fee*: Apply an administrative fee which could cause the total amount to be negative.
3. *Payer Advance*: Force items for certain payers to be eligible for payroll when billed.
4. *Payer Duration Override*: For "Hours - Service Family" only, limit the maximum duration for items. ShortName must match a detail KeyVal.
5. *Payer Rate Override*: Override the rate paid for certain payers.

Payroll Type Details

When setting up the "Hours - Service Family" Payroll Type you must add Payroll Type Detail entries to further define the payroll type. For the "Units - Detailed" Payroll Type adding Payroll Type Details are optional. For all other payroll types and detail entries added are ignored.

1. Units - Detailed: Applies a percentage for units between MinVal and MaxVal based on the code and modifiers denied for KeyVal. KeyVal example: H0004:HJ;HQ
2. Hours - Service Family: Applies a rate based on KeyVal. The DEFAULT rate is applied when no matching KeyVal is found. MinVal and MaxVal are ignored. Possible KeyVals are: AIDE, ASSESSMENT, CASEMGMT, CRISIS, DEFAULT, FAMILY, FAMILYNOT, INTERACTIVE, NONE, OTHER, PLANNING, PLANNINGLOW, REHAB, REHABGRP, RESIDENTIAL, SCREENING, SKILLS, TESTING, THERAPY, THERAPYGRP,TFC,TRAINING

Session Tasks

When you do something that may take a while for the system to process, that task is run in the background and an indicator appears at the top of the screen to show the progress of that task. The Session Tasks reports allows you to view these tasks.

Users Contact

The User Info report allows you to view the phone number and email address of other users of the system.

Main Menu - Settings

Help

The Help main menu option is a report to find and view help articles. By default beginner help articles are displayed. If you want to search for something in particular then you should clear the Category field and then probably enter something in the Summary field.

Help Search

Help Search Criteria

Help:	0
	Category: Getting Started
	Subcategory:
Keywords:	
Web URL:	
Short Name:	
Summary:	
Content:	

[Search] [Defaults] [Clear]

Help Search Results

Found 5 Results

Help	Category	Subcategory	ShortName
60557	Getting Started	Getting Started	Reports Overview
60573	Getting Started	Getting Started	Main Menu Overview
60625	Getting Started	Getting Started	Documents Overview
60640	Getting Started	Getting Started	Big Picture System Overview
60643	Getting Started	Getting Started	Support Overview (Read This First)

[Select Page] [Select None] [Print Selected] [Export Selected] [Print List] [Export List]

Settings

The Settings menu option is where you go to update your personal information, like name, phone number, email address, etc. This is also where you go to change your password by entering it twice into the appropriate fields and clicking the Save button. Passwords are case sensitive, must be at least six characters long, and contain both a letter and a number.

User Information

User: 2113	Payroll Type: None ⌄	Is Active: Yes ⌄
First Name: Polly	Middle Name:	Last Name: Provider
Suffix: None ⌄	Supervisor: Bearden, James D ⌄	Region: Oklahoma ⌄
Short Name: demoprovider	Private Email: info@nontrivial.net	Work Email: info@nontrivial.net
Mobile Phone: 4056983702	Work Phone: 4056983702	Attempts: 0
SSN:	Birth Date:	
Addr1: 246 Eighth St.		City: Edmond
Addr2:		State: Oklahoma ⌄
Zip: 73034	Password:	Password Again:

Comments:

| Save | Revert | Print | History |

User Classes

Found 1 Results

UserClass	User	Class
1243	Provider, Polly	Providers

⌄ | Add | Delete Selected |

User Permissions

No Results Found

UserPermission	User	Permission

⌄ | Add | Delete Selected |

User Facilities

Found 1 Results

UserFacility	User	Facility
1004	Provider, Polly	NONTRIVIAL

⌄ | Add | Delete Selected |

User Credentials

Found 2 Results

UserCredential	User	IsActive	IsSupervised	ShowOrder	ShowAs	Credential	EffectiveDate	WarnDate	ExpiresDate
1001	Provider, Polly	Yes	No	2	CM II	Case Manager III	01/01/1900 UTC	12/31/9999 UTC	12/31/9999 UTC
1004	Provider, Polly	Yes	Yes	1	LPC	Licensed Professional Counselor	01/01/1900 UTC	12/31/9999 UTC	12/31/9999 UTC

| Add | Delete Selected |

User Attachments

Found 1 Results

OrgFile	Status	Contact	CompletedDT	LongName
1002	Draft	Bearden, James D	10/27/2022 09:53 AM CDT	test user file

| Add File |

Documents

Client Workflow

All the various client related documents work together to create a system with a default order. When possible, the initial information for a document is pulled from a previous document. So for example, assessment information is used to populate the default values for the initial service plan.

Name	ODMHSAS	Billable	Description
Contact	N/A	No	Incoming referral. Tracks a potential client before they are admitted.
Client	N/A	No	Document to track basic information about a client.
Preauth Request	21	No	Request for pre-authorization.
Assessment	N/A	Yes	Clinical assessment.
Moderate Complexity Plan	23	Yes	Request for authorization of services and initial service plan.
Chart Items	N/A	Maybe	Services provided, may be billable or not, i.e. progress notes.
Modification Plan	41	No	Service plan update.
Low Complexity Plan	42	Yes	Request for continued authorization of services and extension service plan.
Review Request	42	No	Optional authorization extension for when a new plan is not finished in time.
Discharge Summary	60+	No	Clinical discharge information.

You can easily extend a Preauth Request or Review Request in ChartCaddy by first taking it back to Approved (not Draft) and just updating the Expires date, and then take it back to Final. The problem is with OKHCA payers (MCD and DMH), if you do that then CC reality does not match OKHCA reality and claims might deny. The OKHCA does not allow Review Requests to be extended but you can look up Preauth Requests on PICIS and click the Ext button to extend them. There is no way to extend service plans (moderate, low, and modifications), and for all payers you always have to add a Review Request.

Document Basics

As mentioned elsewhere, ChartCaddy is document centric system. As far as learning the system is concerned, this means that once you learn how to work with one type of document then you know how to work the vast majority of the system. Towards that end, let's take a closer look at one of the easier documents. The Payment document is about as simple as it gets because not only does it contain very little information, it is also a top level main menu item. However, the Payment document is not the most used document in the system.

Selecting the Payment menu item pulls up the Payment report, which is a standard report and works as described in the Reports help section. The Payment report, like most reports, has a "New" button. When you click the New button, or double click on a search result, that pulls up the document so that it can be viewed or edited. Whether or not you can create a new document is based on what permissions you have. Whether or not you can edit an existing documents is based on your permissions and it's status. When you view a Payment you will notice that a new item shows up on the main menu under Payments that corresponds to the document you are viewing. Before you save your changes you can go to another report or document in the system and come back without losing any information. However, you must save all modified documents before logging out or else you will lose your changes. You can tell that you are on a document and not a report because some of the fields are red, and there is a "Save" button. The "Revert" button undoes any changes you have made since the last time you saved this particular document. Some documents have a "History" button that details what changes have been made to the document and by whom.

When you click the Save button, the document is saved. In other words, it is sent to the big computer in the sky that never forgets. The fields with red labels are the fields that are required. Fields with names that end in "Date" must be entered in as a date, while fields with named ending in "DT" must be entered as a date and time. If there is any problem saving the document then one or more messages will show up at the top of the document. After addressing the issues indicated you can save the document again.

Document Shortcut Keys

When viewing a document in CC and you hold down the CTRL key, the following shortcuts should be available:

- UP - Jump to top of the page.
- DOWN - Jump to the bottom of the page.
- LEFT - Load the next tab on the left.
- RIGHT - Load the next tab on the right.
- B - Click the Back button.
- D - Click the Defaults button.
- P - Click the Print button.
- R - Click the Revert button.
- S - Click the Save or Search button.
- U - Click the Update button.

Document Statuses

All documents have statuses that determine the work flow for that particular type of document. If a document does not have a visible status then it is considered to always have a status of Draft. There is a generic set of statuses that represents a generic work flow, but since not all documents have the same work flow, not all statuses are valid for all documents. Fields and buttons on a document can be affected by the status of a document. For example, the Print button is not visible until a document is successfully saved for the first time, and most fields on a document are usually read only when the status is Final. To move a document from one status to another, you update the Status field and click the Save button.

Status	Description
Draft	The initial status, which indicates that the document is still being worked on.
Proposed	Initial review status, not used by most organizations.
Reviewed	Secondary review status, not used by most organizations.
Completed	Indicates that all changes for a document are complete.
Provisional	Document has been signed, but additional signatures are required.
Signed	Document has been signed by everybody required.
Approved	Document has been approved by a clerk or administrator.
Posted	Document is waiting to be submitted somewhere, not used by most documents.
Submitted	Document has been submitted to some authority, not used by most documents.
Exception	Some authority has a problem with the document, not used by most documents.
Tentative	The document has been accepted but not confirmed, not used by most documents.
Final	No further work to be done on the document.

Electronic Signatures

ChartCaddy supports digital signatures for users, digitized signatures for clients, and sending for electronic signatures via a third party.

Digital Signatures

When a single user needs to sign a document, first they get the document to Completed status. At that point a field to enter their password and a "Sign" button appear, and to digitally sign a document the user enters the same password they used to log into the system into the field and clicks the Sign button. This creates a digital fingerprint of the data so that it can be determined later if anything has changed since the user signed it. Once a document is signed by a user then it can not be changed. An administrator can take the document back to Draft, but in that case what really happens is the original document is flagged as deleted and a copy of the original is presented as the new Draft document. If a chart item has been revised, the previous revision can be viewed by clicking the History button on the chart item, and then by clicking Prev Revision. Documents flagged as deleted can be listed and viewed by searching for them with the Chart Items report. Multiple chart items may be signed at once using the Chart Items report.

Digitized Signatures

To sign a document the client is presented with blank space on the document and the client uses a stylus or their finger to sign their name. The signature is displayed on the document after the client signs it. By default client digitized signatures are disabled, and can only be enabled by requesting that a document be customized to add it.

Electronic Signatures

Instead of a single user clicking the Sign button to digitally sign a document they can click the "Send For Sigs" buttons, which initiates a process for multiple people to digitally sign the document in a secure and HIPAA compliant manner. This method is disabled by default because it is an additional cost. Both Chart Items and Templates can be digitally signed via the Send For Signatures process. Recipient can either receive a link via email to sign the document or they sign it immediately from within ChartCaddy. Once the user clicks Send For Sigs the status of the document changes from Completed to Provisional and a recipient verification screen is shown. Possible recipients consist of users listed on the document, any supervisors of users listed on the document, the client listed on the document, and any people associated with the client. People like relatives, guardians, and contacts can be associated with a client on the Client Information screen. When as user clicks the Send For Sigs button a verification page is presented for two reasons. The main reason is so that the user can verify that everybody that needs to sign the document is listed, has a valid and unique email, and is marked as being required to sign the document. If any people or email addresses are missing the user can resolve that issue right from the verification page. The initial information presented is pulled from elsewhere in the system which should be updated regularly so that the signature information does not need to be corrected the next time. The other main reason for the verification screen is to exclude any people associated with the client that should not sign the document.

Once the user verifies that the recipient information is correct they can either click the "Sign Now" or "Send" button to initiate the process. The Send button is only available initially, immediately sends an email to the first recipient, and once a recipient signs the document an email is automatically sent to the next recipient. The Sign Now button immediately loads the document to be signed by the next recipient. Until all the people listed have signed the document the process can be canceled by clicking the "Cancel" button, the next recipient can sign immediately by clicking the "Sign Now" button again, or an email reminder can be sent to the next recipient by clicking the "Send Reminder" button.

Once all the people have signed the document a digitally signed PDF of the document is automatically downloaded and attached to the original document in ChartCaddy, and the status of the document in the system changes to Signed.

Electronic Signature Templates

Templates can be attached to both client Charts and Contacts (incoming referrals) and are signed using the Send For Sigs process. Currently available templates are:

- NSCC Advocate Preference
  - Advocate Preference
- NSCC Child Addendum
  - School Info Disclosure
  - Transportation Release
- NSCC Client Intake - Long

- ♦ Consent For Treatment
- ♦ Consent For Telehealth
- ♦ Consent For Communication
- ♦ Advocate Preference
- ♦ Client Rights
- ♦ Client Grievance Procedure
- ♦ Client Financial Statement
- NSCC Client Intake - Short
  - ♦ Consent For Treatment
  - ♦ Consent For Telehealth
  - ♦ Consent For Communication
  - ♦ Advocate Preference
- NSCC Consent For Telehealth
  - ♦ Consent For Telehealth
- NSCC Consent For Treatment
  - ♦ Consent For Treatment
- NSCC Credit Card Authorization
  - ♦ Credit Card Authorization
- NSCC Information Disclosure
  - ♦ Information Disclosure
- NSCC Plan Signature Page
  - ♦ Plan Signature Page
- NSCC Recovery Plan
  - ♦ Crisis Recovery Plan
- NSCC Screening - Adult
  - ♦ ACE
  - ♦ CSSRS
  - ♦ DAST10
- NSCC Screening - Child
  - ♦ ACE
  - ♦ ASQ
- NSCC Screening - Teen
  - ♦ ACE
  - ♦ ASQ
  - ♦ PQ9

How to use Offline Forms

Overview

Some ChartCaddy forms can be downloaded in advance if you will be providing services in an area with low or no internet coverage, or if you would like people without a ChartCaddy login to create incoming referrals (AKA Contacts). If you want to use the offline forms, there are a few things to keep in mind:

- Offline forms is included in the base price for ChartCaddy.
- The offline bit works because you can fill out the form when you don't have internet, then click Submit when you do have internet.
- An offline form is valid for a long time, so you can download it to your device, share it with other people, and reuse it many times.
- Offline forms have a shelf life after which they won't work. The expires date is printed on the bottom of the form. It should default to a year.
- The submit feature is supposed to be generic like PDFs are generic, but in reality very few PDF viewers support it. As far as I know only Adobe Acrobat allows you to submit the form. This means:
  - ♦ You pretty much have to **install Adobe Acrobat** to be able to submit the form.

♦ You pretty much have to use the Adobe Acrobat web browser plugin to submit the form from your web browser.
♦ There are Adobe Acrobat apps available for phones and tablets.
♦ With Adobe Acrobat you may be able to save an unsubmitted form that you can open and submit later

Offline Contacts

With offline contacts you can have third parties including clients themselves enter their basic information into the system without giving them a login. Contacts can be customized to contain more than basic information, which is copied to later documents like assessments and service plans. Offline contacts come in two basic versions: Public and Private. The public version is shorter and is intended to be filled out by the client, guardian, or a third party.

1. Click the Contacts main menu option.
2. Click the "Offline Public" or "Offline Private" button under the Contacts main menu option.
3. Download to your device.
4. Distribute the file.

Offline Chart Items

Providers can download fillable PDF versions of most chart items to be completed while offline and submitted later. More information on that is here.

Documents - Chart Items

Changing the Service on an existing Chart Item

You can change the service for an existing chart item without having to delete the chart item and start over. This is particularly useful in situations where the wrong type of service was selected by accident. For example, if a Moderate Complexity (initial) plan was selected but a Low Complexity (extension) plan was needed instead, it is easier to change the service than to redo the plan.

NOTE: The chart item must have a status of Draft in order to change the service.

To change the service for a chart item:

1. Open the client's chart. It should say Chart Information at the top of the page.
2. Double click on the **Draft** chart item you wish to change to view it.
3. Click on the Change Service button near the bottom of the page on the right.
4. Select which new service you would like to change the chart item to.
5. Be sure to click Save.

Chart Item Flags

With Chart Item documents flags are used in addition to a status to control work flow. When in the Chart Item reports, the shorthand designations appear in the Flag List section. Choosing the '+' shorthand checkbox will make sure that the flag is set in your report search. Choosing the '-' shorthand checkbox will make sure the flag is not set. For example, selecting '-D' will look for Chart Items that have not been deleted. And, selecting '+D' will look for Chart Items that have been deleted.

Flag	Shorthand	Description
Billed	+/- B	The billed flag is set by the system when an item is billed.
Deleted	+/- D	Deleted items only show up when specifically searched for on the Chart Item report, will not result in billing, and will result in any associated Claim Item being voided.
Forced	+/- F	The forced flag is only set by a clerk or administrator, and forces items to be immune from rejection for certain errors like overlapping other encounters.
Hold	+/- H	The hold flag can be set by a clerk, an administrator, or the system. This flag prevents the item from being approved. The intent is to set this flag, the status back to draft, and a comment is added (which shows up in the item's history). Before approving the item the clerk can verify the problem has been resolved first and unset the flag before approving.
NoBill	+/- N	The NoBill flag is either set by the system for non-billable services or by users on demand. Items with the NoBill flag set will not result in billing, and will result in any associated Claim Item being voided.
Overlap	+/- O	The overlap flag is only set or unset by the system when an item overlaps another item. All overlapping items are flagged as overlapping. In other words, if an encounter overlaps another encounter, both encounters are flagged as overlapping. Overlapping encounters can be found by searching for them specifically on the Chart Item report.
Rejected	+/- R	The rejected flag is only set by the system, and once set the status can not be changed until the problem is resolved and the rejected flag is unset.
Signed	+/- S	The signed flagged is set automatically when a user signs a Chart Item.
Version	+/- V	When the status of a signed chart item is set to Draft, a copy is made and the original is flagged as Deleted. The copy is set to Draft and flagged with this flag to indicate that the document has been revised.

Chart Items Overview

Client related documents that may contain clinical information are called chart items. Chart items are accessed under Charts main menu option or via the Chart Items report. Pretty much the entire system is designed to generate chart items, which is the only type of documents that can lead to billing. In general a provider will create a Chart Item, set its status to Completed, and then digitally sign it by entering their password. Then a clerk or administrator reviews the Chart Item and either flags it as on hold or sets its status to Approved and then Final. Chart items are eligible to be billed once their status is set to "Final" by a clerk or administrator.

Client plan and authorization types

There are various types of authorizations used by the system to try and make sure providers get paid correctly for the work that they do. All service plans are also authorizations. If a client does not have a valid, current authorization in place then the system severely limits what services can be provided to the client. The goal is to have a string of continuous authorizations for a client with no gaps.

A **Preauth Request** is the initial authorization to provide services for the client. Normally it is a short term (3 month) authorization intended to pay for an initial assessment, initial service plan, and a few other services until the initial service plan is completed. However, certain payer sources will allow a 12 month duration for a Preauth Request in order to facilitate avoiding the use of a service plan all together. Some payers restrict a client to one Preauth Request per calendar year.

A **Moderate Complexity Service Plan** is an initial service plan, lasts for 6 months, and is normally completed before a Preauth Request expires. Some payers restrict a client to two service plans per calendar year. Effective dates for some payer sources can only be backdated 7 days.

A **Low Complexity Service Plan** is an extension service plan, lasts for 6 months, and normally directly follows either an initial or extension service plan. These are meant to be completed up to 14 days before or 7 days after the current initial or extension plan expires. Since expires dates in ChartCaddy are not inclusive, when possible the effective date of an extension plan should be the same as the expires date of the previous plan. When possible the Start and Stop date of an extension should be before the effective date or else the plan is "paying for itself", which some payer sources frown upon. Some payers restrict a client to two service plans per calendar year. Effective dates for some payer sources can only be backdated 7 days.

A **Review Request** functions like a Preauth Request except it is used only when an extension plan is not completed in time. Although Review Requests are available for all payer sources, they are only really useful for OKHCA payer sources that enforce the 7 day backdating. After that time period you must do a review request in order to do a new extension service plan, but the Review Request can only be be backdated up to 7 days as well. There is very little money granted with this authorization so you should limit what services you perform with this authorization other than the extension service plan.

Plans and services with names ending in "Preauth" are paid for by the Preauth Request or Review Request authorizations. Normally the initial service plan is a Preauth service but the extension service plan is not.

Plans and services with names ending in "Auth" bypass usage checks, run a much higher risk of being denied, and therefore should only be used as a last resort. These services only exist for certain rare circumstances and should be disabled for most organizations.

Plans and services with names ending in "Supervised" only appear for OKHCA payer sources that pay a different rate for service performed by providers that are under supervision for their license.

Plans and services ending in Bachelor's, Master's, or JOLTS pay a different rates and (except for Case Management) only appear for JOLTS payer sources.

NOTE: If you ever have trouble finding a specific plan please don't hesitate to call or email us.

Modifying a Service Plan

Occasionally the situation of a client significantly changes before their plan expires, such as new goals or objectives needing to be addressed or losing their payer eligibility. These types of changes will require a Plan Modification chart item be added to the client's chart, which will supersede the current's current plan. The most common reason for a modification is the client payer source changing so that scenario is used as an example here.

Using The Modify Plan Button

At the top of the client's chart is a Modify Plan button. When you click that button a "wizard" will appear to allow you to make mass changes to the latest Draft plan in the client's chart. If a Draft plan has not already been added to the chart then one will be added for you. With this wizard you can add, update, or delete all matching plan service values on the plan at one time. Plan service values are the facility, payer, contact (provider), treatment method, service, and service frequency. Using the wizard is a three step process:

1. At the top of the wizard select the criteria to determine which services on the plan will be affected. For example, if you choose the payer SELF PAY as the only criteria, then all plan services with the payer set as SELF PAY will be affected by whatever changes you are making.
2. In the middle of the wizard select what changes you want to make to the matching plan services. For example, if you choose the payer PRO BONO as the only criteria, then all the plan services that match will have their payer changed to, or a service added for, PRO BONO depending on the next step. In the next step if you click the Delete Selected button then anything in this middle section that you select is ignored.
3. Once you have selected the criteria at the top and the desired change in the middle, then you click a button to make the change. The Add Selected button will duplicate the matching services with the desired changes. The Update Selected button will update existing services with the desired changes. The Delete Selected button will delete any matching services. **NOTE: These changes are immediate and permanent.**

Manually Adding A Plan Modification

1. Go to the Client Information screen by clicking the View Client button on the client's chart.
2. Add a new payer to the Client Payer line by clicking the Add button and filling out all the information. Set the new payer to Is Active to Yes. Do not modify or delete the original payer at this time.
3. Click View Chart and then click Add Chart Item. Select Plan Modification from the list, which should be near the bottom of the list.
4. The Effective Date, MainPayer, Level, and Duration on the modification should match the dates on the original treatment plan. If you try to change these values on the main tab the system will reset them to match the original plan.
5. Fill out all the information in the treatment plan modification. For example, if you want to change the plan service payers then cChange the payer on all the objective services on the Goals tab to the new payer.
6. Finalize the Plan Modification.
7. If you are changing the client's payer then go back to the client's chart, click the View Client button, and set the previous payer to be not active. It is strongly recommended that you set the previous payer as not active rather than delete it.
8. You should be able to resume billing notes for this client with the new payer.

NOTE: If you believe it is likely that a client's payer source will change in the next six months when doing an initial or extension plan then it is recommended that you set the client up with both payers, add services for both payers on the plan, and then set the "backup" payer as not active once the plan is final. That way if the client's payer source does change then it is much easier to update which payer is active rather than doing a both a plan and then a modification.

Submitting a Review Request (OKHCA ONLY)

A Review Request is a short term authorization extension for when there is an unexpected delay completing a Low Complexity (extension) plan that results in a gap in authorization. Review Requests are only intended to be done for an Oklahoma Health Care Authority (OKHCA) client. This is because OKHCA plans (but not OKHCA Preauth Requests) can only be backdated 7 days, so unlike other payer sources you are not able to just backdate plans if there is an unexpected delay by setting the Add ChartItem date to the last day the previous service plan was effective, clicking Search, and selecting a new plan from the list. Like OKHCA plans, Review Requests themselves can only be backdated a maximum of 7 days. A Review Request is an option for all payers because there are a few rare cases where it is convenient to use one for payers other than the OKHCA.

Adding a Review Request to a client chart

1. Go to the chart for the client by either A) selecting the client from your dashboard or B) using the Charts main menu option on the left side of the screen, searching for the client, and double clicking on them.
2. Once you are viewing the client's chart click the Add Chart Item button.
3. Decide if you would like to backdate the review request or just start it from today. If you would like to backdate the review, change the date at the top of the page to whichever date you would like, and hit search. You cannot backdate more than 7 days from today's date or it will reject later.
4. Double click on the Review Request item in the list.
5. Some information will auto-populate into the review request for you, but it may not be up to date. Fill out all information fields on all the tabs that are required by ChartCaddy and your facility, verify all information is correct, and then save your work using the Save button.
6. Change the status of the Review Request until it is Finalized.
7. You may now do your new treatment plan. To start a new plan, go to Add Chart Item and select it from the list. If you had already started a Low Complexity (extension plan) then you will need to change the Start and Stop dates on the plan to be on or after the effective date on the review request. Review Requests are considered to be the same as Preauth Requests by the system, so you will also need to change the service to the same type whose name ends with "Preauth".

Telehealth/Telemedicine Services

Various payers have different rules for billing telehealth services, and this article is a collection of the best information that we know about them. If you have information that isn't here please let us know and we will add it. **All payers require that you select "Telehealth" for the Setting on a chart item**, which will submit the resulting claim with a Place of Service Code 02. Some payers require a special modifier be used to designate telehealth services, and in ChartCaddy that means that you have to use "Telemedicine" services. Most payers have special rules during the COVID19 crisis, and this article will be updated once things return to normal.

OKHCA

The Oklahoma Health Care Authority has a dedicated help article for billing telehealth service but the short version is you need to use "Telemedicine" services. We are waiting to hear back for information on OK-EPIC/InsureOK.

HealthChoice

Policy information can be found here but the short version is you need to use "Telemedicine" services.

Optum/United Healthcare

Policy information can be found here but the short version is you need to use normal services.

BlueCross/BlueShield

You need to use normal services.

Tricare/Humana

Policy information can be found here but the short version is you need to use "Telemedicine" services.

Medicare

It's complicated, read this.

Cigna

The short version is you need to use "Telemedicine" services.

Telehealth/Telemedicine Services (OKHCA Only)

The Oklahoma Healthcare Authority has specific guidelines for providing remote (telemedicine/telephone) services.

Telemedicine Services

Telemedince services are like normal services except the service is provided via video conference instead of being face to face. In particular the rates are the same. In ChartCaddy telemedicine services have "Telemedicine" in the name of the service.

1. In ChartCaddy you need to add telemedicine services to your client service plans. We have a way to mass update all your active client plans to add telemedicine services, so if you want us to do that for your organization please let us know. There really isn't an issue mass adding new services except when the extension comes up you may have to remove them if you don't want them on the plan for a particular client.
2. If you update a client's plan with telemedicine services and then bill for the new services then we highly recommend that you have the client sign a new signature page. We don't think the OKHCA should care how you provide a service as long as their guidelines are met, but knowing the OKHCA they probably will want you to get a new signature page signed by the client.
3. In addition to a new signature page the client client must sign a telemedicine consent form. One is included in the stock ChartCaddy intake packet if your organization uses that feature.
4. The OKHCA also says that providers are encouraged to create internal policies and procedures regarding the use of telehealth so that all staff understand its appropriate use. Documentation in the clients record should either reference the providers internal policy or otherwise indicate why telehealth was utilized if the service was not provided in person.
5. The main difficulty using telemedicine with the OKHCA is they say that you must use "secure video communications" but as far as we know they will not provide a list of acceptable mechanisms. The two we have heard that people are actually using is Signal (https://signal.org/) and doxy.me (https://doxy.me/). It is possible that other options are acceptable but it is pretty much impossible to get a definitive answer from the OKHC about that.

Telephonic Services

There is a difference between the telephonic (telephone) services described in this section, and the telemedicine (video) services described in the section above. Telephonic services are services provided by a regular phone call, and is very limited. Telephonic services must be provided by a qualified non-physician health care professional to an **established** patient, parent or guardian. Telephonic services should A) not originate from a related service provided within the past 7 days, B) lead to a service within the next 24 hours, or C) lead to a service with the soonest available appointment. Telephonic services should not be a follow up or call related to another service. At this time it is not clear if telephonic services have to be documented in the service plan or what the credentialing requirements are. In ChartCaddy the following telephonic services are available:

Code	Rate	Name
98966	$12.67	Consultation - Telephone 05-10 Min
98967	$24.75	Consultation - Telephone 11-20 Min
98968	$36.52	Consultation - Telephone 21-30 Min

Documents - Offline Documents

Entering Chart Items while offline

Blank chart items for clients can be saved as editable PDF files, filled out with or without an internet connection, and then any data that has been entered can be uploaded to the system by clicking the Submit button in the PDF. Chart Items for more than one client can be saved into a single PDF. Offline documents has only been tested with Adobe Acrobat Reader but it may work with other PDF viewers. Modern web browsers have built in PDF viewers instead of using Adobe Acrobat, so to ensure that you are using Acrobat Reader to view the offline file it is a good idea to first save the offline file to your computer/desktop and open it from there.

Creating an offline PDF file for clients

1. While you still have internet access, navigate to either the Clients or Charts reports on the main menu. Search for whichever client or clients you wish to have offline chart items for.
2. Single click to select a single client. Hold down your CTRL key and single click multiple clients if you wish to do more than one at a time.
3. Underneath the date box that is directly beneath the Select page button, to the left of a button that says Offline Selected, there is a white box. This box is meant for you to enter a password of your choosing. You can use the same password that you use to log into ChartCaddy but we strongly suggest that you use some other password. Once you enter a password, click the Offline Selected button.
4. The progress of generating the PDF will be displayed at the top of the screen. When the file is ready and there is an option to download, double click on the download option to download it. It will open up on your computer, and you will need to save that document to your computer or tablet. Don't worry, it's protected with the password you specified earlier.
5. When you perform your offline services, open up this PDF in Adobe Acrobat Reader. It must be Adobe, or it will not work properly. It will ask you for your password, and then give you a list of all possible chart items that you can enter for that client. Enter the information for your encounter into the appropriate page in the PDF. You do not have to fill out every field of every page, you only have to enter the chart item you wish to add to the chart.
6. Save the PDF before closing it, or your information will be lost. If there is no option to save the PDF then you will need to keep it open until you have internet connectivity again.
7. When you have internet connectivity again, open the PDF and click the Submit button at the bottom of the form or forms you filled out earlier and it will send a Draft version of the chart item ChartCaddy. You will need to click the Submit button for each chart item you entered in the PDF.

Administration

Adding And Setting Up A Client

Completely setting up a new client requires at least two steps: Entering basic client information and adding a Preauth Request. Once these two steps are accomplished other chart items can be entered for the client. Usually within three months of being admitted a moderate complexity assessment and moderate complexity service plan is entered for a client. "Moderate complexity" basically means "initial" in this context.

Enter Basic Client Information

1. After logging in click the Clients main menu option on the left hand side of the screen.
2. Click the New button.
3. Enter all information about the client in at least all required (red) fields and click save. Do not leave the page.
4. After you successfully save the client the first time you will be able to enter additional information in the sections under the Save button.
5. Add a client program. Use the dates 01/01/1900 and 12/31/9999 for the dates in this field.
6. Add a client facility.
7. Add a client user. This is a very important step, because only the users that have been added to the Client User section or administrators can find the user again once you navigate away from the page.
8. Add a client payer.
9. This client has now been entered into the ChartCaddy system.

Add a Preauth Request

1. From the current page (Client Information), click View Chart.
2. Click the Add Chart Item button.
3. Double click on the PreAuth Request option.
4. Verify all information is correct on the main tab. For payers other than the OKHCA you can set the Plan Duration to 12 months if you like. Save your changes.
5. Fill in any relevant information under the PreAuth Core tab. For payers other than the OKHCA all the fields on this tab are optional. Save your changes.
6. Click back to the main tab, then begin changing the status of the Preauth by clicking the dropdown menu and choosing Complete, then save.
7. Then it will give you a white box in the middle to type in your ChartCaddy password in order to sign the document. Type in your password and click save.
8. Click the drop down menu again and choose Approved, and save it.
9. Click the drop down menu again and choose Final, and save it. Your PreAuth is now complete.

Optionally add a Moderate Complexity Assessment and Service Plan

1. Click Add Chart Item.
2. To optionally add an assessment, double click on the Moderate Assessment option, click Save, click View Chart, and start over at step 1.
3. Double click on the Moderate Complexity Service Plan option.
4. Fill out all necessary information on that page. The duration should be 6 months and the level should be 1 through 4. Click Save.
5. Select the Plan Core tab, and fill out at least all required (red) fields. Click save. Please note, if the client is under 18, the section with the drop down menu that says "Has SMI" will require you to select N/A. If the client is an adult, the section that says "Has SED" will require you to select N/A.
6. Select the Plan CAR tab, fill out at least all required (red) fields. Click save.
7. Select Plan Addiction and fill out necessary information and click save.
8. Select Plan Addendum, fill out necessary information and click save.
9. Select Plan Summary, fill out necessary information and click save.
10. Select Plan Goals. Add your problems, objectives, and services by using the Add buttons where appropriate. The Add button for the objective is on the goal, and the Add button for the service is on the objective. Please note that all

problems must have at least one objective and all objectives must have at least one service.

11. Scroll down on the plan goals page to Other Plan Services. If a low complexity service plan line does not already exist, click add and add a low complexity service plan. Click save. This is also the section you add services that do not require an objective like testing, assessments, travel, and interactive add-on.

12. Return to the Plan tab, and click save. Once it has been successfully saved, begin changing the status just like you did for the Preauth Request. If you have missed some sections, you will get error messages and it will not move to the next stage. The error message will say what the problem is so that you can find it and enter the required information and then try to change the status again.

NOTE: Once your plan is in Final, you are ready to add progress notes when treatmen by using the Add Chart Item button on the main page of the chart.

Administration Reports

The following options under Reports are only visible to clerks or administrators.
Claim Items Report

Where as the Chart Items report deals with documents containing clinical information, the Claim Items report deals with documents containing financial information. Basically chart items know nothing about financial information and claim items know nothing about clinical information. Chart Items are directly related to but completely distinct from Claim Items. Billable Chart Items result in Claim Items after they are finalized. To adjust claim items, you need to update any associated Chart Items **first** if needed before rebilling the Claim Item.

Claim items have a status of Posted until they are submitted to a payer, a status of Submitted until the payer returns a status for the claim item, and a status of Exception if the claim item is denied or the paid amount does not match the billed amount. If a claim item has a status of Exception, it keeps that status until a clerk or administrator rebills it or adds an adjustment that zeros the claim item out. Once the billed amount matches the paid and/or adjust amount, the status for the claim item status changes to Tentative. When the Claim Item is listed on a remittance the status changes to Final. By default, if after several weeks no electronic remittance is received for the Claim Item the status is set to Final.

Claim Items Amounts Report

The Claim Items Amounts report allows you to search for, list, and view claim item payer results and adjustments.

Claim Items Amounts Report

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Claim Items Summary ReportWhere as the claim item report can be used for both informational and administrative purposes, the claim item summary report can only be used for informational purposes. The claim item summary report allows you to group claim items in certain ways and calculates to totals based on the grouping. For example, you can group claim items by client, and the report will display the item count, unit summary, and amount summaries per client.

Client Services Report

The Client Services report is similar to the Chart Items report except that it returns less chart item information and more client information like gender, county, etc.

Client Services Summary Report

The Client Services report is similar to the Chart Items Summary report except that it returns less chart item information and

more client information like gender, county, etc.

Client Summary Report

The Client Summary report allows you to go back in time and see what the disposition of your clients were in the past. It does this by taking a snapshot of clients every week. Clients can be summarized based on gender, race, age bracket, and several other criteria.

Plan Usage Report

The Plan Usage report allows you to search for, list, and view client authorizations that are active in ChartCaddy.

Prior Auths Report

The Plan Usage report allows you to search for, list, and view the original authorizations granted by the payer.

Remittance Report

The remittance report displays remittance advices from payers, which are the final billing results of all the claims submitted during a certain time period. If the payer has paid any claims, the payer pays when they provide the remittance advice. When viewing a remittance document, the claim items associated with the remittance are also displayed. Once a claim item shows up on a remittance advice, it's status changes to final and that claim item is eligible to show up on a payroll.

Administration Settings

The following options under Settings are only visible to clerks or administrators.

Chart Item Docs

Chart Item Documents is how the system maps a chart item forms to a particular (potentially) billable service, and is one of the factors that determines if an option shows up under Add Chart Item for a client. If you want to limit new chart items of a particular type being created, after finding that chart item here you can either set IsActive to No to disable it completely, or set PermActive to only allow it for people with a certain permission. You can also set the BufferDur to the number of minutes of no services required for a provider before this service takes place. Changing any other options or adding new chart item documents is not advised.

Diagnosis Code Programs

Diagnosis Code Programs limits which diagnosis codes are available for a client based on which programs that client is linked to. To allow a particular diagnosis for a particular program, add a new diagnosis code program here. If many such documents need to be created, please contact customer support to assist you.

Facilities

The Facility documents determine not only the physical locations for your organization, but also certain billing information when submitting claim items to payers. You should definitely consult with customer support before changing any facility login information, and it is highly recommended to consult with customer service before changing any facility payer information. Under the facilities option is also where you can define where facility notifications are sent. By default all notifications go to the contact listed on the facility but you can override that and/or list more than one recipient at the bottom of the facility page.

Import

This is where you can import information into ChartCaddy. See the "Importing Information" article for more information.

Notices

Notices are a way to communicate important information to your organization and appear at the top of the dashboard. What notices are displayed can be limited by effective date, expires date, and user class.

Organization

The organization document is where you tell the system important information about your organization. The fields whose names start with "Bill" determines where the invoice is sent. Also under Organization you can limit which treatment methods are available for new objectives, what venues are available to be scheduled, and a list of your invoices and their status.

Payers

The payer document shows what payers are current configured in the system, and you are not able to add or change any payer information. This document is for your information only, and among other things lists the authorization bundles available for each payer.

Payroll Types

The payroll type document allows you to set up different payroll types for your organization. It is highly recommended to consult with customer service before changing any payroll type information.

Programs

The program document allows you to add new or change existing information for programs. All programs are associated with a basic program type which you do not have control over, so if you can not find the program type that you want please contact customer support.

Service Credentials

The service credential document allows you to limit what kind of new services, and therefore what kind of new chart items, can be created based on credentials. If you want a particular credential to be able to create a particular chart item, you create a new service credential document here. If many such documents need to be created, please contact customer support to assist you.

Users

The user document is where you specify information about system users. It is very important to get most of the information on a particular user document correct in order for that user to actually get their work done. This is also where you post payroll.

All About Remittances

Overview

Long term you need to jump through the hoops to set up all the private insurance payers you bill so that electronic remittances are sent to your clearinghouse account. Once that happens CC should be able to automatically download and process the results so that claims are reconciled automatically. *Please note, this process will not reconcile claims submitted prior to finishing this process*. The general instructions to have remittances automatically download to Availity are located here. OKHCA remittances are downloaded and processed automatically. For other clearinghouses we will assist you as best as we can.

Until this process set up for a payer claim items must be either be reconciled manually or you can continue reading for more information on download and import historical remittances manually.

Downloading Remittances Manually

For Humana electronic ERA's importable to Chart Caddy, search Availity:

1. Click tab for "Claims & Payments" > Claim Status
2. In the Claim Status screen use the "Payer" menu to select Humana
3. Enter all required field information for one client's claim (I searched all dates fro 4.1.24 through the present date instead of only one specific date and that worked best for me) > then "Submit"
4. Click on a FINALIZED claim, will not work on Pending claims.
5. Find the clickable "Remittance Viewer" > Download Text (X12) > click the checkbox for the remittance you want to download.
6. Import the download to ChartCaddy per ChartCaddy's instructions.

For OCH 835/ERA login to Payspan (must have a registered account):

1. After logged in, click "Your Payments", then...
2. Click "View All" under " Confirmed 'Historical' Payments and Remits", then...
3. Select checkboxes for all payments received in full, then...
4. Select the action "5010" (at the top of the webpage)
5. Click "Begin Download" (this will be the 835/ERA to use for importing into Chart Caddy

 For Aetna Better Health:

1. Login to echo payments. Must have a user account, if someone doesn't then they should go directly to echo's login website instead of using the instructions attached to their Aetna checks. The instructions attached to the Aetna checks will only give options for the All Payer EFT/ERA registration which will charge fees and as alternative it only gives the option to enroll in paper checks. Going directly to Echo's site enables you to view ERA's for free and without enrolling All Payer with fees associated per claim.

2. After logged in, click the "835" download link for all remittances you'd received full payment for. This will be the ERA to use for importing into Chart Caddy.

Importing Remitances

How to Import the remittances into ChartCaddy:

1. Log in, and on the left hand side underneath the Settings menu there is an option for Import.
2. Choose "ANSI 271/277/835 X12".
3. Click Upload File and choose your document. Please do one at a time.
4. Click Import.

If the Remittance upload process returns any number in the "Aliens" column, it simply means there were claim items on that remittance that could not be matched to the corresponding claim item in ChartCaddy. You may need to manually reconcile these when you are finished importing remittances.

Appointment Reminders

Appointment Reminders

ChartCaddy is capable of sending appointment reminders to clients via email or text. Text reminders cost two cents each, so they are disabled by default. To enable appointment reminders for your organization send an email to support and let us know which categories of chart items you want to enable them for. Normally only encounters are enabled, but you can also enable reminders for other categories of chart items like plans and assessments as well. Once appointment reminders are enabled for your organization you need to update each client by viewing the client information page for the client and then selecting an option for the Reminder field and click Save. There are various options for email and text.

Please note that after setting up the organization and the client, you still need to enter future encounters into the system.

Clients can reply to text message reminder to confirm or cancel an appointment. In both cases a comment is added to the chart item, and if the client cancels the chart item it is also flagged as Hold to be more visible on the dashboard.

Claims Overview

Claims Overview

In general how the system works is that providers add chart items to client's charts and then they digitally sign them. At that point administrators finalize the chart items and shortly afterwards (depending on how the organization is configured) a claim is generated for each chart item. Claims start out in Posted status, and then progress to Submitted, Tentative, and then Final. If the payer does not pay the expected amount the claim initially goes to Exception instead of Tentative. Since private payers (not OKHCA MCO payers) are billed much more than is expected to be paid, those claims always go to Exception instead of Tentative.

When rebilling claim items to the same payer or billing a claim to the next payer, some information is pulled from the existing claim item and submitted as part of the new claim item. All the information is pulled from the "Payer" type claim item result, and if there are multiple previous claim items or payer claim item results then the information is pulled from the most recent claim item and claim item result by billed date and result date respectively. If the claim is being voided or rebilled to the same payer then the ShortName is pulled from the previous claim item result and submitted in the new claim item as the previous claim/control number (ICN). The Billing Note and Attachment ID are always pulled from the previous claim item result if they exist. When printing the claim item the previous control number is placed in box 22, while the Attachment ID and Billing Note is placed in box 19.

In addition information is pulled from the client's payer information pages for each claim item, such as the client ID number. The name listed on the claim item is pulled from there as well since it may differ for each payer. The Plan Name, Group Name, Referring NPI, and Prior Auth Num is pulled, which corresponds to boxes 11, 11, 17, and 23 on the printed claim respectively.

Posted claims have not been sent to the payer yet. Most folks have billing set to happen automatically so therefore most of the time there should be few or no claims in Posted. The most common reason for claims being Posted is the system is waiting to combine several rebilled claims into one batch. The next most common (but very rare) reason is the system isn't sure what to do with the claim, so it sets it as Posted to attract attention. Therefore **if a claim sits in Posted overnight then you should contact customer support** and tell us about it.

Submitted claims have been sent to the payer, and while we might have received an acknowledgement, we haven't received a definitive approval or denial yet. The main issue with Submitted is we should hear back from the payer within a few weeks, so **if the billed date on a Submitted claim is more than a month ago then you need to do something about it.** You should have automatic electronic remittances working which will help prevent this from happening. Failing that you should manually download and import electronic remittances into ChartCaddy from the payers regularly. Failing that you should manually verify that the payer received the claim and is in fact taking their sweet time processing it. There have been reports, especially with the OKHCA MCO payers, where we get an acknowledgement that the claim was received but then the payer swears they never got it. In that case there is not much you can do about it but rebill the claim, but you should rebill one or two first and work with the payer to make sure they got those, and then rebill the rest.

Exception claims are where the payer denied, underpaid, or overpaid the claim. For each claim you have to figure out what the problem is, whether it can be fixed, and whether or not it is worth the effort to fix it. If it is something on your end you can

try fixing the chart item (if necessary) and then rebill the claim item. If it is something on the payer's end then you need to talk to them. Your basic options are to rebill the claim to try again, or to get the due amount to zero by adding a payment, adjustment, and/or write off. It is very difficult to get paid for services performed more than 180 days in the past, so it is probably best to just write off any exceptions older than that. Once a payer pays anything it is usually all they will ever pay for that claim item, so it is probably best to just write those off as well. Once the due amount of a claim is zero it's status automatically changes to Tentative. **Claims will sit in Exception until they are manually processed.** Ideally administrators should resolve all exceptions on a weekly basis.

Some payers like the OKHCA use a special prefix on their ICN number (Claim Item Result ShortName in ChartCaddy) to convey extra information:
    5. 20 - Claim submitted by batch file.
    6. 22 - Claim entered manually on the website.
    7. 59 - Successful void, even if the status says denied.
    8. 62 - Retroactive adjustment/replacement.

Tentative claims are claims that were either paid in full or adjusted to have a due amount of zero. When a claim is rebilled the due amount for the original is adjusted to zero and it's status is set to Tentative. If and when the claim shows up on an electronic remittance its status goes from Tentative to Final. By default if a claim doesn't show up on a remittance it will automatically go to Final after five weeks, but that can be disabled if requested. **If the Billed date of a Tentative claim is more than two months ago you should manually set the status to Final.**

Common Date Types

There are many dates used in ChartCaddy and what they are trying to capture is sometimes confusing. Here is an explanation of what each date type is for on the items you will see in the system.

*__Start DT and Stop DT__: The date and time you are requesting to bill for, usually the date and time the service was actually performed. On most items, there is a minimum time difference that must be between these two, and the time difference cannot exceed 8 hours.
*__Effective Date__: When you want an date span to begin.

*__Warn Date__: When you would like to be notified that an expiration date is approaching. If you do not want to be warned, you may use the actual expiration date of the item. In some locations in ChartCaddy, such as Program or Payer information, you may enter the infinitive date 12/31/9999 CDT.

*__Expires Date__: The first day the item is considered "expired". You will often see that the ChartCaddy expiration date on a Preauth, Review Request, Treatment Plan, or Client Payer is one calendar day after the expiration date listed on PICIS or on OKHCA. This is normal and desired, as the dates used by PICIS and OKHCA include the expiration day, and the expires dates in ChartCaddy do not include that day. Extending the ChartCaddy dates by one day gives you the opportunity to use your final day as needed.

*__Completed DT__: The day and time you moved the item to completed. This information is submitted to PICIS as the "__Trans DT__". On Preauths, Review Requests, and Treatment Plans, this date cannot be after the Effective Date.

*__Submitted DT__: When the item was submitted to PICIS. Moving the plan to Approved will date and time stamp this field for you, because the Approved status is when PA-generating items are submitted to PICIS.

Discharging a Client

Discharging a client in ChartCaddy is a two step process, and the second step is setting the client as not active. The first step is adding a Discharge Summary chart item, which is optional. If a Discharge Summary is not added for the client then the client's Discharge Date on the Client Information screen should be updated manually. Once a client is set to not active they will not show up on the dashboard or in any other list, and to find them again you must explicitly look for them using the Client report.

Setting a client as not active

1. Click the Clients main menu option on the left hand side of the screen.
2. Type in the last name of the client into the last name field and either click search or hit enter on your keyboard.
3. Double click on the name of the client you wish to deactivate. This will take you to the Client Information screen.
4. In the top right corner there is a drop down field next to "Is Active:". Click in the field and select No.
5. Optionally update the Discharge Date field.
6. Click the Save button to save your changes.
7. The client is now inactive and will no longer show up in regular search results or in your client list/dashboard.

Finding a client once they are no longer active

1. Click the Clients main menu option on the left hand side of the screen.
2. Either click the Clear button or manually clear out the Is Active search criteria field.
3. Type in the last name of the client into the last name field and click the Search button.
4. Double click on the name of the client you wish to set as active. This will take you to the Client Information screen.
5. In the top right corner there is a drop down field next to "Is Active:". Click in the field and select Yes.
6. Optionally update the Discharge Date field.
7. Click the Save button to save your changes.
8. The client is now active and will show up in regular search results or in your client list/dashboard.

Electronic Signatures Setup

Electronic Signatures Setup

If you want to use electronic signatures (AKA Send For Signatures) the first thing you need to decide is if you want to pay for your own third party account or not. Currently the only third parties supported are DocuSign and Foxit eSign. We do not recommend getting your own third party account initially until you are sure you find the feature useful. Using a third party account has the following advantages:

1. Customize the emails sent to recipients.
2. Receive email notifications on progress.
3. Easier to use customize documents.
4. Items do not show up on ChartCaddy invoice.
5. Might be able to get a volume discount.
6. Use the Signature ID (where recipients are listed) to look up and manage a document on the third party website.

ChartCaddy

The default and easiest option is to use ChartCaddy itself for electronic signatures. If you are mostly content using the stock ChartCaddy templates, then all you have to do is tell customer support that you would like start using them because by default the "Send For Sigs" feature is disabled due to not being included in the base price. Not using your own third party account means Foxit eSign will be used and every time a document is sent to be signed to the first recipient then another $0.60 will be added to your next ChartCaddy invoice. If you want to use custom documents then you have to request additions and changes for your templates through customer support, which is not extremely convenient.

DocuSign

DocuSign is the gold standard when it comes to online digital forms, and is therefore the more expensive option. The first thing you have to do is connect a dedicated DocuSign user to ChartCaddy. You should use a dedicated user for ChartCaddy because it looks more professional, it is easier to keep track of which documents originated with ChartCaddy, and you probably want to keep the many notifications from DocuSign from cluttering up your personal mailbox.

To connect your DocuSign account all you have to do is log in to ChartCaddy, go to Settings -> Organization, select "DocuSign", and click the "Process" button. You will be asked for the credentials for the DocuSign user you want to link. This is a one time thing, and once linked all documents sent to DocuSign uses this user. Any DocuSign template you create with a name starting with "CC" will become available to be selected in ChartCaddy automatically. This process happens automatically every night but can be expedited by selecting "DocuSign" and then clicking the "Process" button again. In the future if you want to change DocuSign users or switch to using Foxit eSign or ChartCaddy then you need to contact customer support.

Foxit eSign

If you want to get your own Foxit eSign (formally called eSign Genie) account the process is actually a little involved, so please contact ChartCaddy support to help you with the process. Unfortunately Foxit requires now requires you to have an "Enterprise" plan to enable API access, which is what is required for integration with ChartCaddy. An Enterprise plan is much more expensive than a Pro plan, so you should call and verify the price of an Enterprise plan before starting the process of getting your own account. You can call the sales number on the Foxit eSign pricing page to find out how much an enterprise plan costs, and you might just ask them what the least expensive option is to have API access. If you anticipate a low volume of documents then it does not hurt to ask if you enable API access with just a "Professional" level plan.

The easiest way to get your own account has two major steps. First sign up for a "Foxit eSign Pro" plan. A Pro plan currently costs $300 a year for 500 documents, which works out to a little over 40 documents a month. If you go over that then they just charge another $300 for 500 more documents. Once you have a Pro plan then you need to call to get API access, which means you will probably need to upgrade to and "Enterprise" plan which is more expensive. In general the more documents per year you purchase from Foxit the cheaper they are. The final step is that (usually) some test files have to be submitted, so when you sign up for the account use a password that you won't mind sharing with us. That way we can jump through a lot of the hoops for you, and then you can update your password when we are done.

Once a Foxit eSign account is properly set up any template with a name starting with "CC" will become available to be selected in ChartCaddy. This process happens automatically every night but can be expedited by going to Settings -> Organization, selecting "Foxit eSign", and then clicking the "Process" button. In the future if you want to switch to using ChartCaddy then you need to contact customer support.

Importing Clients

A spreadsheet can be used to import clients with the Import option under the Setting main menu option. The system looks at the first line in the spreadsheet to determine the contents of each column of information, so the order of the columns is not important. Certain columns must exist before new clients are added. The system remembers the external ID number of the client, so if that ID number column is included in subsequent imports then there is no minimum amount of required information. When a column type says that a string list is expected, it means that you can list multiple items separated by semicolons (preferably) or commas.

Name	Type	Generic Client	Milan Patient
ID	integer	ID	Id
Is Active	string: Yes, No	IsActive	N/A (Admitted and Discharged used if exists)
Validation	string: None, Minimal, Warn, Full	Validation	ChartFull
First Name	string	FirstName	Name
Middle Name	string	MiddleName	Name

Name	Type	Generic Client	Milan Patient
Last Name	string	LastName	Name
Suffix	string: Jr/Sr/II/III/IV	Suffix	Name
Lead Provider	string: CC User Name	LeadProvider	QATherapist
Maiden Name	string	MaidenName	N/A
Alternate ID	string	AltID	RName
Gender	string: Male, Female	Gender	Gender
Phone	string	Phone	Phone
Email	string	Email	N/A
Address 1	string	Addr1	Address
Address 2	string	Addr2	Address
City	string	City	Address
State	string	State	Address
Zip	string	Zip	Address
Comments	string	Comments	Comments
SSN	string	SSN	SSN
Birth Date	date: MM/DD/YYYY	BirthDate	DOB
Payer	string	Payer	Payor
Client ID	string	ClientID	PayorID
Races	string list:American Indian, Asian, Black, Pacific Islander, White, Hispanic	RaceList	Race
Programs	string list: CC Program Names	ProgramList	N/A
Facilities	string list: CC Facility Names	FacilityList	N/A
Users	string list: CC User Names	UserList	N/A

Importing Data Overview

Under Settings there is an option to import various kinds of files into ChartCaddy. In general the system imports data from a spreadsheet in CSV or XLS format, but certain import operations require specific import file times. When importing a spreadsheet the system expects the first row to be the column headers, and uses the headers to determine what data is in which column. See the later sections on more information about what information can be imported, and what the headers of each type of file should be. Columns of generic data can be added manually to a file before being imported to, for example, specify valid facilities or programs for clients. When a column type says that a string list is expected, it means that you can list multiple items separated by semicolons (preferably) or commas.

When exporting data from Milan, please be aware that most of the reports allow three generic columns of various types of data. This presents two major issues. First, because the system uses column headers to determine what data is which column, before importing the file into ChartCaddy from Milan you usually need to edit the first line in the file appropriately. Secondly, in order to get all information possible out of Milan it is usually necessary to export a report multiple times and then either A) import each file individually or B) combine all the data into one file. In general, due to export bugs, importing client address information from Milan is imprecise and not recommended. Milan also allows quotes in the data and exports the data in CSV which sometimes causes problem, so it is recommended that you view the data first in an application to make sure it

looks right before importing.

Name	Description
Generic ClaimItem XLS	Import a generic spreadsheet of claim items.
Generic Client XLS	Import a generic spreadsheet of clients.
Generic User XLS	Import a generic spreadsheet of users.
Milan PDF	Import a Milan encounter, service plan, or chart in PDF format.
Millennium XDP	Import a Millinium service plan.
ODMHSAS Extract XLS	Import an ODMHSAS CDC or PriorAuth extract spreadsheet.
OKDHS HH XLS	Import an OKDHS client or claim item export spreadsheet.
Therapy Notes PDF	Import Therapy Notes encounter, service plan, or chart in PDF format.

Importing Users

A spreadsheet can be used to import users with the Import option under the Setting main menu option. The system looks at the first line in the spreadsheet to determine the contents of each column of information, so the order of the columns is not important. Certain columns must exist before new users are added. The system remembers the "external" ID number of the user, so if that ID number column is included in subsequent imports then there is no minimum amount of required information. When a column type says that a string list is expected, it means that you can list multiple items separated by semicolons (preferably) or commas.

Name	Type	Generic	Milan User	Milan Therapist
ID	integer	ID	Id	N/A
Is Active	string: Yes/No	IsActive	N/A (Effective and Expires are used to determine if exists)	N/A
First Name	string	FirstName	FName	FName
Middle Name	string	MiddleName	MName	MName
Last Name	string	LastName	LName	LName
Suffix	string: Jr/Sr/II/III/IV	Suffix	N/A	N/A
Region	string: CC Region Name	Region	N/A	Region
User Name	string	ShortName	UserName	N/A
Email	string	Email	Email	N/A
Work Email	string	WorkEmail	N/A	N/A
Phone	string	Phone	Phone	N/A
Work Phone	string	WorkPhone	N/A	N/A
Address 1	string	Addr1	Addr1	N/A
Address 2	string	Addr2	Addr2	N/A
City	string	City	City	N/A
State	string	State	State	N/A
Zip	string	Zip	Zip	N/A
Comments	string	Comments	Comments	N/A
Bill NPI	string	BillNPI	N/A	RenderingNPI
	string	BillTaxonomy	N/A	Taxonomy

Name	Type	Generic	Milan User	Milan Therapist
Bill Taxonomy				
Bill Legacy	string	BillLegacy	N/A	LegacyID
Bill Zip	string	BillZip	N/A	ZipCode
Classes	string list: ADMIN, CLERK, PROVIDER	ClassList	MainRole	N/A
Permissions	string list: CLIENTVIEW, CLIENTEDIT, VIEWONLY	PermList	Access, Roles	N/A
Facilities	string list: CC Fac Names	FacilityList	N/A	N/A
Credentials	string list	CredentialList	N/A	Credentials

Manually Reconciling Claim Items

The system will automatically update Submitted claims item to either Exception or Tentative when they are paid or denied for payers that receive electronic status updates and/or remittances, but for some payers claim items must be manually reconciled. A few payers like PRO BONO and SELF PAY never have electronic remittances but are automatically updated as written off or paid respectively. Most payers can be set to automatically be handled a certain way using the "BillSubmitType" option under Settings -> Facilities -> Facility -> Facility Payers -> Facility Payer.

Submitted claim Items that need to be manually reconciled will stay Submitted forever, so if a claim item has a Status of Submitted and it's billed date is more than a month ago then you should probably manually reconcile it. Exception claim items will also stay in Exception forever until they are manually reconciled and should be manually reconciled on a regular basis.

Claim Item Result Types

Multiple claim item results can be added to a claim item, and results have different types:

1. Payer - The payer paid this amount or the claim was denied. If the payer is SELF PAY then the client paid this amount. Add one of these if the status is Submitted.
2. WriteOff - We expected to get paid this amount, but we are giving up on getting it. Claim items for services performed more than six months ago should be written off.
3. Adjustment - We never expected to get paid for this amount, AKA contractual adjustment.
4. Deductable - The client paid this amount because they had not yet met their deductible.
5. Copay - The client paid this amount due to their copay.
6. NextPayer - This amount we are going to bill the client's next (secondary) payer. You can't add this type directly.
7. Defunct - We are giving up on this attempt and trying again (rebilling). You can't add this type directly.

Manually Reconciling a Claim Item

1. Go to the Claim Items report option under the Reports main menu option.
2. Click the Clear button to remove all default search criteria, select Submitted or Exception for the Status. You can optionally further restrict the search, such as to a specific payer source or time period. Click Search and the search results will appear.
3. Double click on a Claim Item that you wish to manually reconcile and the Claim Item will appear.
4. Scroll down until you see an Add button.
5. Click the Add button and add a result. If the payer denied the claim make sure the result type is Payer and the Status is Denied. If you are writing off the claim item make sure the result type is WriteOff and the Status is Approved. The Payroll Percentage determines how much of the paid amount will be applied to the provider's next time sheet. Click

Save to save your changes.
6. Continue adding results until the due amount for the claim item is zero. ChartCaddy will then place this claim in Tentative status. Tentative means that the claim item has been reconciled but we haven't gotten the official/verified results back from the payer yet with an electronic remittance.
7. If you expect to get back an electronic remittance for the payer you should leave the status as Tentative, otherwise you should select "Status Final" from the drop down when viewing the Claim Item and then click the Update button. Either way, if the system hasn't gotten an electronic remittance from the payer in a few weeks it will probably change the Claim Item status from Tentative to Final for you.

OKHCA Specific Codes and Modifiers

OKHCA services contain one CPT code and usually at least one applied modifier. Changing the code or modifier on the claim will change what service you are reporting that you provided, which can become troublesome if an audit were to occur if the Chart Item is not also changed to match.

Most frequently used CPT Codes:
H0002 - Screening
H0004 - Individual therapy
H0031 - Assessment
H0032 - Service Plan
H2011 - Crisis Management
H2017 - Rehabilitation
T1016 - SOC Case Management
T1017 - Case Management

Most frequently used Modifiers:
HE - Mental Health
HF - Substance Abuse
HH - Integrated
GT - Telemedicine
FQ - Telephone
HS - Family Client Not Present
HR - Family Client Present
HQ - Group

Organization Configuration Options

There are various options that can be configured to customize how you want the system to work for your organization. Just let the support staff know if you would like to change any of these options:

Name	Description	Default
ClearinghouseType	Billing clearinghouse to use: AdminisTEP, Availity, or Office Ally.	AdminisTEP
ClientSignatures	Enable digitized client signatures.	No
DefaultDate	Default date format.	MM/DD/YYYY
DefaultDatetime	Default date/time format.	MM/DD/YYYY HH:MM AM/PM
DefaultDiagCode	Default ICD-9 diagnosis code.	Z71.9
DefaultDuplexMode	Default duplex mode when printing.	Off
DefaultLanguage	Default language.	English
DefaultTimezone	Default time zone.	US Central
DigiSignCats	Chart Item categories to enable digital signatures.	None

EnableAutoAssessment	Automatically add blank assessment after finalizing a PreAuth.	No
EnableAutoCopays	Automatically add client copay amount to claim items.	Yes
EnableAutoFinalCLI	Automatically change Tentative claim items to Final after a while.	Yes
EnableAutoOutcomes	Automatically capture client outcome metrics.	No
EnableAutoVoids	Automatically submit voids if needed.	Yes
EnableBilling	Submit claim items and enable other billable features.	Yes
EnableClientConsent	Print consent to treat form with plan.	No
EnableClientTelehealth	Print consent for telehealth form with plan.	No
EnableClientVerify	Allow checking instant eligibility verification.	Yes
EnableForceFlag	Who can set Force flag on chart items.	Everybody
EnableInflatedBillAmt	Bill OKHCA more than expected in case there is an unexpected rate increase.	Yes
EnableInvoicing	Enable client payments and invoicing feature. Also co	No
EnableNextAppt	Actually create future chart item if NextAppt date is entered.	No
EnablePlanSigDate	Print client signature date on plan.	Yes
EnablePlanSigHold	Flag plan as on hold for client signature when approved.	No
EnableSupervisorNPI	Bill supervisor NPI if supervised for private insurance claims.	No
EnableTwoFactor	Enable two factor authentication.	Yes
EnableProvisional	Enable Provisional status requiring clinical supervisors to co-sign items.	No
EnforceEncounterText	Reject billable encounters with duplicate text for a client.	Yes
EnforcePlanContact	Reject authorized chart items performed by users not listed on plan.	Yes
PayrollNoCoPay	Do not credit provider for Copay adjustments.	Yes
PayrollNoDeductible	Do not credit provider for Deductible adjustments.	Yes
PayrollNoWriteOff	Do not credit provider for WriteOff adjustments.	Yes
PlanWarnDays	Default number of days to warn before plan expires.	Depends On Duration
RequireAdminFinal	Only allow administrators to finalize chart items.	No
RequireClientEmail	Require client email.	No
RequireMeds	Require at least one medication on plans and assessments.	Yes
RequireOutcome	Require periodic outcome screening.	No
SignatureCutoff	Number of days after a OKHCA service is performed to start rejecting when signed.	180
StaleClientDays	Number of days after no new encounters to flag client as stale.	28
SubmitClaimDayAM	Days to submit claims at 11AM. Mon, Tue, Wed, Thu, Fri, Sat, Sun, NONE, or ALL.	NONE
SubmitClaimDayPM	Days to submit claims at 11PM. Mon, Tue, Wed, Thu, Fri, Sat, Sun, NONE, or ALL.	Mon
SubmitClaimRestrict	Restrict claim submission to ONLY scheduled times.	No
SubmitPlanMods	Actually submit plan modification to payer.	Yes
WarnAnnualAssess	Set client NoAssess warning if no assessment in past year.	No

Payers Overview

Payers Overview

Payers in ChartCaddy are categorized into four different types:

1. Cash - There is only one cash payer and it is called SELF PAY. Claim items are generated for cash payers but not submitted electronically.

2. Limited - Claim items are generated for limited payers but not submitted electronically. These payers are usually custom contracts with specific entities that are invoiced. PRO BONO is categorized as a limited payer.
3. OKHCA - Claim items are generated for OKHCA payers and submitted electronically directly to the Oklahoma Health Care Authority.
4. Clearinghouse - Claim items are generated for clearinghouse payers and submitted electronically to whatever clearinghouse is configured for your organization. Currently AdminisTEP, Availity, and Office Ally are supported.

MCO Payers

There are three clearinghouse payers that are also contracted with the OKHCA to process claims for Oklahoma Medicaid clients. The three MCO payers require prior authorization for very few OPBH services. All three should have the same requirements for that, and one of them provides an online tool to look up services to see if prior authorization is required: https://www.aetnabetterhealth.com/oklahoma/providers/prior-authorization.html

1. Aetna Better Health Oklahoma
   1. ChartCaddy Name: OK Aetna
   2. Support Website: https://www.echohealthinc.com
   3. Contact: Rita Hanson, hansonr@aetna.com
2. Humana Healthy Horizons Oklahoma
   1. ChartCaddy Name: OK Humana
   2. Support Website: https://www.availity.com
   3. Contact: Kasi Hilley: KHilley@humana.com
3. Oklahoma Complete Health
   1. ChartCaddy Name: OK Complete
   2. Support Website: https://www.PaySpanHealth.com
   3. Contact: Yvonne Harnden, Yvonne.Harnden@OklahomaCompleteHealth.com

Availity Electronic Remittances

You need to jump through some hoops in order to get electronic remittances delivered to your Availity "SFTP Mailbox". This is super important because if that isn't happening then you have to spend copious amounts of your nonexistent free time manually reconciling claim items. This is the process you need to go through for each payer:

1. On the main Availity homepage, go to "Claims and Payments" and under "EDI Clearinghouse" select "Transaction Enrollment"
2. Click the blue "Enroll" button and select "Enroll a Provider"
3. Enter your organization information and click "Continue"
4. Select the payer you need ERAs from and then check the "Electronic Remittance Advice" checkbox.
5. Select how you want remittance data aggregated (we used TIN) and check the box to agree to terms and conditions and click "Submit Enrollment"
6. Click "Download Enrollment Instructions" and follow the instructions on the document.

The instructions in the last step are different for each payer. For Oklahoma Complete Health, you can do everything through the PayspanHealth.com website, but you then have to go back to Availity and manually update the Transaction Enrollment to let Availity know that you've completed the necessary steps through Payspan. For Aetna Better Health Oklahoma, you have to open a ticket through EchoHealthInc.com, complete and send a document to them, and then also upload the document through Availity. Once you get all the payers set up then all your claims submitted through Availity should (eventually) start to be automatically reconciled. To verify whether or not you have jumped through all the hoops correctly you can view the files in your SFTP mailbox on Availity and look for files that start with "ERA" for each payer.

Posting Payrolls

The first step to generate new payrolls is to go to the Users report under the top level Settings main menu item and search for all the users for which you want to generate payrolls. Next select all the target users, enter a cutoff date in the field to the left of the Post Selected button, and then click the Post Selected button.

Rebilling a Claim Item

Occasionally rebilling a claim item may be necessary in order to get paid for the service.
Rebilling claim items

1. Go to the "Claim Items" main menu option, which is under Reports main menu option.
2. Fill out any necessary search criteria in order to find the claims that you wish to rebill. You are not required to fill out any of these fields but the more restrictive the search criteria you enter the fewer claim items you have to manually search through. It is often sufficient to choose something like a Provider and the Claim Date Start.
3. Click the Search button and the search results should appear.
4. If you are rebilling a claim item because something changed, like the payer or duration, then for each claim item you wish to rebill you need to double click to view it, and then double click on on the associated chart item to make sure the chart item is correct. If nothing has changed on the chart item then the associated claim item will rebill with the same exact information.
5. Select the claim item that you need to rebill by single clicking the line. If you have multiple claim items you need to rebill, hold down the CTRL key on your keyboard and single click each line until all the claim items to be rebilled have been selected. It may be easier to hit the button that says "Select Page" if most or all of the claim items are to be rebilled, since you can deselect a claim item later by holding down the CTRL key on your keyboard and single clicking it again.
6. There is a drop down menu underneath the Select Page button. Choose "Rebill" and then hit the button just to the right that says Update.
7. Your claims will now be rebilled when your billing is scheduled to run.

Settling an unsettled client (OKHCA ONLY)

Clients flagged with an "Unsettled" warning and/or having an error on a treatment plan that says "LOC/LOT REQUIRED" need to be manually settled. This only happens to clients with Oklahoma Health Care Authority (OKHCA) payer sources.
Settling an unsettled Client

1. Find the client you need to settle by using the dashboard or by using the Charts main menu option.
2. Click the View PriorAuths button at the top of the client's chart.
3. This will take you to the PriorAuth Search screen that will have at least one line where IsSettled is "No". If there are multiple lines that say that, then each line needs to be updated.
4. Double click on each line where IsSettled is No. This will take to to the Prior Auth Information screen.
5. If the top line says "Customer has a level PA at another agency" then you mostl likely need to submit a LOC/LOT on PICIS. If you do need to submit a LOC/LOT for the client then you should not proceed further in ChartCaddy until you have done so and received confirmation from ODMHSAS.
6. If the LOC/LOT issue has been resolved and/or there is a line above the "Customer has a level PA at another agency" line that says "Granted" or "Proposal Accepted", then you can double click on each line where IsSettled is NO, change Is Settled and IsAuthorized to Yes, and click Save. Please only change the IsSettled, IsAuthorized, and IsCollab options, and only do so if you are sure the LOC/LOT issue has been resolved. The IsCollab option is for you to track whether or not a Letter Of Collaboration (LOC) was required, but it is completely optional for you to update the IsCollab option in ChartCaddy.
7. If you have a chart item that was placed on Hold because of the Unsettled warning, sometimes the item will clear the hold on its own. If it does not clear the hold, you will need to unset the hold by double clicking on the chart item to view it, change the drop-down menu on the bottom of the screen to "Unset Hold", and then click Set Flag. This will clear the hold and allow you to finalize your item and continue billing.

Square Synchronization

ChartCaddy has the ability to download Square payments and refunds, which can then be applied to specific chart items. In addition client invoices can be uploaded to Square. To link your Square account go to ChartCaddy's Settings -> Organization, select "Square Payments", click "Process", and then jump through Square's hoops.

- In order to see or use the client payment and invoice feature in the system you have to enable it in ChartCaddy (see help pages for this).
- Invoices are posted in ChartCaddy for one ore more clients with the click of a button.
- In ChartCaddy, if the client isn't paying for their services (ie their parent is) then
    - ♦ A) their parent should be listed as a Client Person for the client,
    - ♦ B) this person should have a valid email address, and
    - ♦ C) the client's Bill Person should be set to that person. This is both for creating invoices in CC and for matching up payments created in Square and/or Acuity.
- In ChartCaddy, payments without all their money applied to chart items will not show up on an invoice. Chart items linked to payments that don't have all their money applied won't show up either.
- A negative amount should mean the client has a credit and a positive amount should mean they can be invoiced.

Submitting Billing

The system automatically created and submits claim items all finalized chart items that have not been billed depending on how your organization is configured. By default this process happens every Monday night at 11PM. During this process the system also reevaluates all the claim items that have been posted but are not yet final to see if any further action needs to be taken on them. You can force this process to happen at any time by clicking the "Process CLI" button under Settings -> Organization.

Submitting JOLTS Services

The Oklahoma Office of Juvenile Affairs requires that information about services performed by contracted organizations be submitted on a monthly basis and ChartCaddy is capable of submitting that service information to the JOLTS website. The general process is ChartCaddy users enter their work normally as chart items, an administrator approves and finalizes those chart items normally, and then sometime during the month an administrator enters their JOLTS username and password in a particular spot in ChartCaddy. At that point the information on all services performed for the previous month is submitted to JOLTS automatically. While the time frame defaults to the previous month any date range can be designated. The JOLTS username and password are not retained by ChartCaddy.

All clients, users, and services have to be set up correctly in both ChartCaddy and JOLTS for all services to be submitted. Since that can be challenging, especially the first time the process is run, the process results in a detailed report about what happened. Specifically any services that failed to be submitted and the reason why is noted. Therefore the intention is that the process be run repeatedly for a particular month until all issues have been resolved. In order for service information to be submitted the following conditions must be met:

1. The service provider must be an active user in JOLTS.
2. The client must be set up with the proper program(s) and services in JOLTS.
3. The JOLTS user must be linked in ChartCaddy.
4. The JOLTS client must be linked in ChartCaddy.
5. The ChartItem must be in Final status in ChartCaddy.
6. The duration of the item must be at least 15 minutes in ChartCaddy.

7. The ChartItem must be potentially billable in ChartCaddy. In other words some ChartCaddy services such as For Information Only notes are never billable and are therefore ignored by the JOLTS submission process.

The process errs on the side of caution so while there is little danger of the process running amok, there is a serious danger of submitting the wrong data if the clients and users links are not set up correctly in ChartCaddy. Therefore it is very important to enter the right JOLTS ID numbers for clients and users in ChartCaddy. There is also the danger of services not being submitted at all, so it is also important to pay attention to the report that is generated after running the process.

NOTE: ChartCaddy only adds services to JOLTS that don't already exist. This is normally good enough except care must be taken when deleting or "significantly" updating services in ChartCaddy after they have been submitted to JOLTS. In other words, any changes to historical services in ChartCaddy need to be replicated manually in JOLTS. For this reason most organizations have a deadline where providers are expected to have documented services by, and only after that deadline are services submitted to JOLTS. That way it is easier to keep track of which services, if any, need to be manually updated in JOLTS.

Setup

The first thing you should do is correctly set up any users and clients in JOLTS that you want to submit service information for. You will need a JOLTS client ID for each client as well as the JOLTS active user ID for each user. You can find a list of active user ID numbers in JOLTS under Reports -> Youth Service -> Active User List.

The next step is to link ChartCaddy users to JOLTS users by pulling up the user in ChartCaddy under Settings -> Users -> Search -> <user>, scrolling down to the User Credentials section, and updating the Bill Legacy field for any credential. The format should be JOLTS:XXXX; with XXXX being the JOLTS active user ID. The process will ignore anything after the semicolon and only one credential needs to be updated.

The final step is to link ChartCaddy clients to JOLTS users by pulling up the client under Clients -> Search -> <client>, scrolling down to the Client Payers section, and adding a line for any JOLTS payer. The JOLTS client ID goes in the Client ID field. JOLTS does not have to be the primary payer source (or even be active) for a client, it just needs to be listed.

Running The Process

To run the process go to Settings Organization in ChartCaddy and enter your JOLTS username and password in the JOLTS User and JOLTS Pass fields respectively. The process defaults to the previous month and a high level of log detail, which can be changed if desired. Then click the Process JOLTS button and a progress indicator will appear at the top of the screen. When the process is complete there will be an option to download the report. Somebody still needs to log into JOLTS and approve the services that have been submitted.

Report Details

The report consists of a short summary at the top and then exceptions grouped in categories below that. If all potential services are submitted successfully to JOLTS then only the summary section is printed. The summary section consists of:

1. Start Date First date of services to be submitted, so the start date is inclusive.
2. Stop Date First date of services not to be submitted, so the stop date is exclusive.
3. JOLTS User Username used to access JOLTS.
4. Processed Number of services attempted to be submitted.
5. Previously Added Number of services that have already been submitted.
6. Newly Added Number of services submitted on this process run.
7. Unmapped Services Number of failed submits due to ChartCaddy service map issue.
8. Unmapped Users Number of failed submits due to ChartCaddy user map issue.
9. Unmapped Clients Number of failed submits due to ChartCaddy client map issue.

Potential exception categories are:

1. Unmatched JOLTS Clients The client has a JOLTS ID in ChartCaddy, but the client could not be found in JOLTS. Verify that these clients exist on JOLTS and that their JOLTS IDs are correct in ChartCaddy.
2. Unmatched JOLTS Program For Clients The client has a JOLTS ID in ChartCaddy and exist in JOLTS, but do not

appear to have any active programs in JOLTS. Verify that these clients has appropriate programs set up in JOLTS.

3. Unmatched JOLTS Services - The client has a JOLTS ID in ChartCaddy, exist in JOLTS, and has at least one program set up in JOLTS, but the correct service was not found. Verify that the indicated services is available in JOLTS for these clients.
4. Unknown JOLTS Error This error should be extremely rare, but if it does occur please contact customer support with the details about this error.
5. Short Duration Items The duration for these items are less than 15 minutes.
6. Unmapped Services ChartCaddy was unable to determine the correct JOLTS service. Please concact customer support with the details about this error, preferably with suggestions as to which JOLTS service it should be mapped to.
7. Unmapped Users The user has not been linked to JOLTS in ChartCaddy.
8. Unmapped Clients The client has not been linked to JOLTS in ChartCaddy.

User Classes and Permissions

Introduction

When your administrator sets up your ChartCaddy login, one of the things they specify is what user class you belong to and any extra permissions you may have. As your duties or roles change, your administrator should update your user class and permissions to reflect these changes.

Classes

A user class is simply a bundle of permissions that can be assigned to a user that has a common role in the organization. Example roles include administrator or service provider. In only very rare situations should users be assigned more than one class. A class should be added to the user before permissions because which class has already been assigned affects what permissions are available to be assigned.

Class	Description
Administrators	A superuser with all permissions for everything in the system
Clerks	An administrator support role with many, but not all permissions of an administrator
Interns	An observer class that can see everything a provider can do, but without power to change anything
Providers	A class of users given all the permissions they need to carry out providing services to clients

Permissions

Permissions determine which documents you have access to (including client charts), how much of a document you have access to, and what changes you can make to a document. Document statuses, chart item flags, along with permissions also determine whether or not you can create a new documents and how far you can work a document through the system. It is common for users to be assigned more than one permission.

Permission	Description
Add Client	Allows a user to add a new client.
Admin Billing	Gives a user access to billing related reports and update claim items.
Admin Contacts	Allows a user to approve and finalize contacts (incoming referrals).
Admin Invoices	Allows a user to post, repost, and unpost client invoices.
Admin Payments	Allows a user to add or edit client payments.
Admin Plans	Allows a user to approve and finalize service plans.
Admin Users	Allows a user to add and update users.
Auto Client Link	The user is automatically added as a member of the treatment team when basic client information is saved.
Edit Clients	Allows the user to change basic client information.
Fast Approval	Chart Items are automatically approved when signed by the user.
Fast Final	Chart Items are automatically finalized when signed by the user.

Fast PreAuth	PreAuth and Review Requests are automatically finalized when signed by the user.
Sign All Items	Allows a user to sign chart items other than their own, including as a supervisor.
Verify Client	Allows a user to use instant eligibility verification, which costs extra money.
View All Clients	Allows a user view to basic and clinical information for all clients.
View Billing	Allows a user to view claim information, including billing reports.
View Charts	Allows a user to view client clinical information.
View Clients	Allows a user to view basic client information.
View Facility Clients	Gives the user access to all client charts where client and user are assigned to the same facility.
View Only	Prevents the user from making any changes.

How To

Adding A Client

Selecting the top level "Clients" main menu option brings up the Client report. It is a good idea to click the Clear button, enter the new client's last name, and click search to verify that the client does not already exist in the system. Click the New button on the Client report to add a new user to the system. Most of the fields for the client document should hopefully be fairly self explanatory, but there are a few fields that require some more explanation. When the Validation field is set to "Partial" most fields on the larger chart items like assessments and service plans are not required. This setting is intended to facilitate an initial mass manual import, so the Validation automatically gets reset to "Complete" whenever a service plan is finalized for the client. The Admit Date is exactly what you think it is. The Last Assess Date is the date of the last assessment for the client, or 1/1/1900 if the client has no assessments. The Last Enc Date is the date of the last encounter for the client, or 1/1/1900 if the client has no encounters. The Discharge Date is not the estimated discharge date, it is the actual discharge date so if the client is not currently discharged the discharge date should be set to 12/31/9999. After filling at least the fields with red labels, click the Save button to save the new client.

Once a new client is successfully saved the first time, the "child" documents below the main client fields are available. These child documents determine who can view the client's chart, and what chart items can be created for the client. There should be at least one item listed for each child section except for "Client Persons" which is optional.

NOTE: This article is limited to just adding a new client to the system, but additional steps are necessary before most Chart Items can be added for a client. These additional steps are covered at
 https://help.nontrivial.net/portal/kb/articles/adding-and-setting-up-a-client.

Adding A Client File

Files can be uploaded to a client chart and be listed along with all the other Chart Items. The only restriction on what type of file can be uploaded is the size of the file.

Adding A Client Group

A Client Group is a container for group sessions. So a client group might be "Tuesdays 1PM Awesome Group" and contain group sessions for several Tuesdays. A Client Group consists mostly of a title and a list of clients in the group.

Adding A Client Payment

Payments are used to document client payments and are disabled by default. (Please contact support to have them enabled.) Once they are enabled there are two ways to add payments.

The first method is by clicking the New button within the Payments menu option. Using this method, once the Payment is created you can then allocate money to one or more Chart Items that have not been finalized yet. If you want to allocate money to a Final Chart Item then you have to do that from the Chart Item itself. Once all the money is allocated the status of the Payment automatically changes to Final and will be listed on the next invoice posted for the client.

The second method is from within the Client Payment section of the Chart Item itself. Once there, select a payment type, enter an amount, and then click the Add Payment button. When adding a Payment with this method the full amount is automatically applied to that chart item, and the status of the Payment is automatically set to Final.

Any Payments where not all the money has been applied will be listed in the Client Payment Information section of the client's Chart Items. You can apply money from those Payments by selecting one, entering an amount to apply, and then clicking the Apply Payment button.

This video shows how to add a payment by clicking the New button from within the Payments menu option.

Payments are part of the client invoice feature.

Adding A Contact

A Contact is a potential client that has not been admitted yet, or an incoming referral.

Adding A Group Session

A Client Group must exist first, and then group sessions can be added to it system with a click of a button. Group sessions consist of distinct list of notes for each client listed in the Client Group that attended the session. The group notes in a group session also viewable individually in the client's chart. You can add a new encounter to an existing group session by selecting a client and then clicking the Add button on the Group Session.

Adding A Service Plan

A service plan is a map of services expected to be provided to a client for the next six months.

Adding A User

Under the top level "Settings" main menu option, select the "Users" option, which brings up the User report. It is a good idea to click the Clear button, enter the new user's last name, and click search to verify that the user does not already exist in the system. Click the New button on the User report to add a new user to the system. The fields for the user document should hopefully be pretty self explanatory. After filling at least the fields with red labels, click the Save button to save the new user.

Once a new user is successfully saved the first time, the "child" documents below the main user fields are available. These child documents determine what the user has access to, what they can do, whether or not the user can create chart items, and if so what kind of chart items they can create. Under normal circumstances there should be one and only one Class added, and Permissions and Credentials are optional.

Adding An Encounter

An encounter is a face to face service provided to the client, which is sometimes called a progress note.

Allocating Plan Units

After a plan is Final an administrator can reallocate units for the services. To do that:

1. View the client's current plan. The easiest way to do that is to select an authorization line at the bottom of the client's chart and click View Plan.
2. Select the Plan Goals tab of the plan to view the client's goals and objectives.
3. Scroll down to the bottom of the form and select the dates and services that you want to update. You can hold down the CTRL key to select more than one line at a time.
4. At the very bottom of the form enter a dollar amount and then click the Update Usage button.

Finalizing Chart Items

Once Chart Items are signed by providers, they are approved and finalized by administrators in order to be billed.

Fixing Chart Item Overlap

ChartCaddy does not allow two notes to have dates and times that overlap. Even one minute of overlap will flag both notes with an error message stating that the note overlaps another and the note can not be completed until the issue has been resolved. The complete error message is only displayed immediately after saving the note. The first step is to determine if the error message is complete. It should look like the picture below, with the number in parentheses present.

If the error does not have have a number in parentheses:

1. Use the drop down menu at the bottom of the screen to choose "Unset Rejected".
2. Click the Set Flag button. This will either display the full error or clear the error if the issue has been resolved.

If the issue has not been resolved and the error has a number in parentheses:

1. Copy or write down the number in parentheses.
2. Click on Chart Items main menu option (the first option directly underneath Reports. If the option cannot be seen, use the blue triangle to the left of the word "Reports" to extend the menu)
3. Click the Clear button and enter the number into the box at the top left hand side of the screen.
4. Click search, and only one result should be displayed.
5. The single result that is returned by this search is generally what is being overlapped, so you will be able to see what date and time to avoid.
6. Make a note of this information, and then change the Start and Stop Date on your draft note in order to permanently clear the error message.

NOTE: If the error mentions "for the same provider" as in the example above, the Calendar main menu option is also an excellent tool to determine what chart items are overlapping. Overlapping items will appear side by side.

Logging In and Out

ChartCaddy is just a website, so how to log in and out should be familiar.

Rebilling Claims Due To Client Payer Changes

Sometimes claim items are billed to the wrong payer because the wrong payer was originally selected for a client, which unfortunately has become much more common due to the constantly fluctuating nature of client eligibility with Oklahoma Managed Care Organization payers. OK MCO payers have a nasty habit of dropping client eligibility for short periods when then become eligible for OK Medicaid during those periods. OK Medicaid has a nasty habit of initially paying claims that should be paid to one of the MCO payers and then recouping the money later, sometimes months later when it is too late to rebill claims to the correct payer. Therefore it is incredibly important that client payer eligibility information be verified manually when adding a new client, and for OKHCA payers that the client's payer information be set up correctly so that the client's payer information is automatically updated when the client's MCO payer status changes. Below are the steps necessary to properly setup client payer information and resubmit previous billing that has gone to one payer when it should have gone to a different payer. These steps have some specific information for OKHCA payers but the basic concepts can be used with any payer.

It is important that these steps are followed in the order they are written for them to work properly.

1. Verify Eligibility. This is accomplished differently for different payers, but for OKHCA payers begin by logging into the OKHCA website to verify client eligibility. You will need to note if they are eligible for OKHCA payer like OK Medicaid, which MCO payer(s) (if any) they are eligible for, and what the effective and expires dates are for each payer. On the OKHCA website you can verify eligibility up to a year in the past, and it is best to use the client's Medicaid number to verify eligibility, rather than their name. Occasionally the client name or client ID changes, and the most recent data may not be displayed if the old name or ID is used.

2. Match up Client Payer Information. Open the client's information page in ChartCaddy, then scroll to the bottom and locate the section for Client Payers. Add or update payer lines to the client as necessary to make sure all dates of eligibility for each payer are present. If there are multiple breaks in eligibility, you will need to add a separate payer line for each payer eligibility span.

1. Each payer lines should have the same priority for the client. For example, if there are two OK Humana payer lines for the client then both of those lines should have the same priority.
2. The Warn Date is optional, but should not be after the Expires Date. If you do not want the system to warn you that a payer is about to expire then set the Warn Date the same as the Expires Date.
3. If the client has ever been eligible for OK Medicaid then it is vital that a line should be added for OK Medicaid and set as active with an appropriate Expires Date, but with a lower priority than any MCO payers the client may have. This line will control eligibility information for the client, and so if it is marked as inactive it will not manage eligibility on any OKHCA payer listed for that client. *Even when set to active it will not update any MCO payer dates or mark MCO payers as active if they are set as inactive.*
4. Please remember that end dates are not inclusive in ChartCaddy, which means the expires date is the first day the client is not eligible for a payer. In order to bill on the last day of eligibility shown on the OKHCA website, you need add one additional calendar day to the Expiration Date in ChartCaddy.
5. Even if a payer is currently expired it is important to add it with the correct expires date but marked as active so that the correct payer will be billed if you need to manipulate historical claim items or chart items.

3. Check the plan. Return to the client's chart by clicking the View Chart button, then scroll to the bottom of the page where the Chart Authorizations section is displayed. This gives a chronological list of the most recent authorizations, and you can quickly go to the client's most recent plan by single-clicking the top line in that small list, then click the View Plan button just below and to the left. If the new payer you need to rebill claims to is not listed as the Main Payer, then change the Main Payer to the new payer and click the Save button. This will duplicate all services on the Plan Goals page for the new payer, which eliminates the need to do a Service Plan Modification. It is a good idea to explore the authorization list at the bottom of the chart to verify that the system has allocated units for the new payer.

4. Update the chart items. Return to the client's chart and single click the chart item that need to be resubmitted to the new payer. You can hold down the Control key (or the Command Key, if you are using an Apple product) to select more than one

chart item at the same time. Use the drop down menu directly below the Export Selected button to select "Update Payer", then click the Update button. This will force the chart item to recheck the plan and the client payer page to detect and apply changes to the payer(s) that should be billed. Verify that the change has taken place successfully when the process is finished by double-clicking each chart item to open it. It will list the payer information in the lower section of the chart item. The payer you want to resubmit that chart item to first must be present and state "Is Active: Yes" on the chart item, and all other payers will state "Is Active: No".

5. **Resubmit the claims.** Use the Claim Items report to locate the claim items that need to be resubmitted from the old payer to the new payer for the client. Select the claim items, then use the drop down menu in the lower left corner and choose "Next Payer", then click Update. This will write off the remaining due amount of the original claim, mark it as defunct, and then create a new claim item for the new payer. If the text in the progress bar that appears at the top of the page when you do this step turns red, one or more claims could not be rebilled. Allow the process to finish, then you can either click View Results and it will tell you which items failed, or you can simply click the "Search" button again on that page to refresh the page and see which results are still there. Troubleshoot why that item failed by repeating all steps outlined in this article.

Searching For Chart Items

The Chart Items report is the primary way to search for chart items other than the client chart.

Setting Chart Item Flags

On various documents and reports there is an option to "Set Flag", which is used to set or unset flags on a Chart Item. When setting a flag a comment must be entered in the field in between the drop down and the "Set Flag" button.

Option	Description
Set Comment	Adds a comment to the Chart Item.
Set Hold	Sets the Hold flag, which prevents the Chart Item from being Finalized.
Set Forced	Sets the Forced flag, which allows certain errors to be ignored.
Set NoBill	Sets the NoBill flag, which allows most errors to be ignored but prevents billing.
Set Deleted	Sets the Deleted flag, which effectively deletes the Chart Item. Deleted items can only be viewed on the Chart Items report when the Deleted flag search criteria is set.
Unset Comment	Clears the Chart Item comment, although it is retained in the Chart Item history.
Unset Hold	Unsets the Hold flag.
Unset Rejected	Attempts to unset the Rejected flag. If the rejection issue has not been resolved the flag will remain.
Unset Forced	Unsets the forced flag.
Unset NoBill	Attempts to unset the NoBill flag. Certain Chart Items such as For Information Only notes always have the Nobill flag set.
Unset Deleted	Unsets the Deleted flag, making the Chart Item visible again.

Setting Chart Item Statuses

On reports there is an option to "Set Status", which is used to change the status of one ore more Chart Items. When changing the status to Signed your ChartCaddy password must be entered in the field in between the drop down and the "Set Status" button. When viewing a specific Chart Item, to change the status first update the Status field and then click Save.

There is a specific order that must be followed when updating the status of Chart Items. The normal order is Draft, Completed, Signed, Approved, and then Final. Some organizations may have additional statuses depending on their configuration. Only clerks and administrators can set Chart Items to Approved or Final unless the user has a special

permission. Only administrators can change the status of Chart Items from Final to Approved and then from Approved to Draft in order to revise a signed Chart Item.

Verifying Eligibility

The eligibility status for clients can be verified on demand and instantly by clicking the "Verify" or "Verify Selected" buttons on the Contact, Client, and Client Payer pages. You can mass verify more than one client payer using the Client Payers report. Since there is a $0.12 charge for every instant client and payer eligibility verification, being able to verify eligibility is restricted to administrators and users with the "Verify Client" permission. For example, if you run the Client Payer report, select 10 rows, and click the Verify Selected buttons then $1.20 will be added to your next invoice.

The system never verifies the eligibility status for some payer sources like self pay and pro bono. Most other payers are supported but some are not, and there is no charge if the payer is not supported. Specifically Medicaid, Medicare, and the three Oklahoma MCO payers are supported. You can check ahead of time if a payer is supported by going here.

It is not recommended to verify OKHCA payers because the system automatically verifies the eligibility status for OKHCA payer sources three times a month with a separate batch process. In addition the "Payer Comment" for each client is update every night for OKHCA payer sources (and change notifications sent) even though the eligibility is not updated. This over night process will also expire ineligible Oklahoma MCO payers listed for the client as long as OK Medicaid or OK ODMHSAS is listed as an active payer for the client.

Waterfall Billing

This article describes how to set up a chart item for waterfall billing if the first payer only partially pays or denies.
General ChartItem Setup

1. Ensure both payers are active with current dates for the client, and with the priorities indicating the order that you want them to bill.
2. Before approving a chart item for the client make sure both payers are listed at the bottom of the chart item.
3. The first payer will bill normally, and if it denies or is partially paid then you can use Next Payer to bill the next payer.
4. Whatever the Due Amount is on the first claim item is the amount that will be billed the second payer, so before you Next Payer you should add a writeoff or adjustment if you want to change the amount billed the second payer.
5. If everything is working the claim item should show up immediately as a Posted claim item.

Troubleshooting

Q: What do I do if a chart item was approved before a second payer was listed at the bottom of the chart item?
A: To fix this you have to go to each chart item, do Update Payer, and verify that the second payer shows up. Once both payers are listed on the chart item, then Next Payer should work on the claim item. If everything is working correctly then both payers should show up on the client's chart items without you having to always Update Payer.

Q: OKHCA is always denying. What may fix this problem?
A: Current understanding is that OKHCA is a payer of "last resort", which means if the client is eligible for another payer you have to bill the other payer first and then OKHCA. If you bill OKHCA first it will always deny. To fix this, set the chart item to try to bill the other payer first, and OKHCA second.

Troubleshooting

Client Warnings

In various places the system will display a client warning, which is a potential issue with a client that somebody probably ought to take a look at. On the Dashboard the client warnings are displayed in the Client Summary section. The easiest way to get a list of clients with a particular warning is to double click a column in that section. If the client has a warning it is also displayed at the top of the client's chart.

Name	Description
None	Client should be good to go.
Stale	Client does not have a recent final encounter.
PlanDue	The client's service plan is about to expire.
NoPlan	The client does not have an active service plan.
NoAssess	The client does not have a final assessment.
NoPreauth	The client does not have an active pre-authorization.
PayerDue	One of the client's payers is about to expire.
PayerExp	One of the client's payers has expired.
NoPayer	The client does not have an active payer.
Discharged	The client has a discharge date set in the past but is still set as active.
Unsettled	Viewable by clerks and admins by using "View PriorAuths" for a client. The client may need an ODMHSAS LOC/LOT or may be perfectly fine and just need IsSettled and IsAuthorized set to Yes.

Missing "Add Chart Item" Options

When the Add Chart Item options are missing or incomplete then that usually means that there is an issue somewhere on the client's information page. It may also mean the client does not have a current authorization or prior authorization.

1. View the client's Chart Information and determine if this client has an active Preauth Request or Service Plan in place. This is most easily accomplished by looking at the "Chart Authorizations" section at the bottom of the client's chart. If the top right date is in the future then they have an active Preauth Request or Service Plan. If they have an active Service Plan double click on the top line under Chart Authorizations and/or view the plan itself and verify that the service you want to document is listed. The client Service Plan or Preauth Request is one of the criteria which determine which options that show up under Add Chart Item for the client.
2. View the client's Client Information by clicking the "View Client" button and check to be sure that the client has a program listed, and that at least one of the programs expires in the future. It is very common to set the program Effective and Expires dates to 01/01/1900 and 12/31/9999 so that the program will always be active for the client. The client program is one of the criteria which determines what type of items you can see under Add ChartItem. (MH, INT, SA, etc).
3. Check to be sure the client has a facility listed.
4. Check to be sure the client has at least one user listed.
5. Check to be sure the client has at least one payer, and that for at least one of the Client Payers lines the Effective date and Expires date are active.
6. Check to be sure that there is a line under Client Eligibles that has the name of the payer and that the Effective and Expires dates are current. If the payer line dates don't match the associated eligible line dates, that means the payer has told us that the client is not longer eligible. If they are not current, or if there is no line under Client Eligibles, you can override the information by double clicking on the Client Payer, then add a space to the **_end_** of a text field (like the client's first name) using the spacebar on your keyboard, and click save. This is something we call a "non-save", which means you're forcing ChartCaddy to update this payer, even though no real changes were made. Simply clicking the save button will not update the payer, you must add a space to a text field.
7. If there are still no options at all, or only very limited options, check to determine if your or your provider's credentials are expired in the user settings section. Access this by clicking on settings on the navigation tree, or by going to

Settings > Users > Your (or other provider's) name. Verify that you or your provider has a User Class, Facility, and that any/all credentials are entered with accurate effective and expiration dates.

NOTE: If the problem persists, please contact support with what service you are expecting to see and either a ChartCaddy client ID number or payer ID number to identify the client.